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TREATMENT OF BLENNORRHOEA AND KINDRED AFFECTIONS.

DR. MOREY employed in four cases of gonorrhœa: twenty grains of Herrings & Co.'s extract of India hemp, mixed with a half-a-drachm of sugar of milk, and divided into sixty powders, one of which is to be taken every three or four hours. The success was complete in every case.—*Ogleth. Med. and Surg. Journ.*

The internal use of hemlock extract (*conium maculatum*), as recommended by Dr. Staats, of Albany, has been found of good effect in several cases of acute gonorrhœa, by Dr. A. H. Stephens, of Camden, Ohio. In two cases the lunar caustic, zinc, copaiba and cubebs had failed to suppress the discharge, while the extract of hemlock, given in the form of pills, twelve grains every two hours, proved sufficient for a complete cure in a few days. Where the inflammatory symptoms are very prominent, the treatment is commenced with calomel and compound powder of jalap.—*St. Joseph Jour. of Med. and Surg.*

A combination of vinum colchici and tincture of opium, internally exhibited for a rheumatic conjunctivitis, by Dr. Eisenmann, of Werzburg, turned out accidentally as a cure for a coexisting blenorrrhagia. Further experiments by Dr. Eisenmann himself, and Dr. Collin, of Dresden, have since established the value of that combination against all blenorrrhagic discharges. The mixture employed consists of twelve grammes of vinum colchici and two grammes of laudanum. The dose is eighteen or twenty drops, three times a day. Milk was ordered as the principal article of food, and absolute rest was enjoyed. Externally, only frequent applications of tepid water. All cases thus treated were cured within a week, and most of them in a few days.—*Bull. Gen. de Therap.; Brit. and Foreign Med.-Chir. Rev.*

Dr. Diday employs (*Annuaire de la Syph.*, etc.,) in chronic blenorrhoas injections of nitrate of silver into the prostatic glands of the urethra. To effect this, he first measures the urethra by introducing an elastic catheter and gently drawing it back during the flow of the urine. As soon as this ceases, the end of the catheter is in the prostatic portion; at that moment, then, the instrument is marked at the point in contact with the external orifice, and about an hour afterwards the injection is made. For this purpose, the patient stands before the surgeon, holding the penis in a horizontal direction; the catheter being introduced, a solution of about five or ten grains of nitrate of silver in about an ounce of water is injected with a glass syringe, at first one-fourth of this quantity being used. In intervals of half-minutes the catheter is drawn back about two lines and another portion of the solution injected. This may be repeated in thirty-six or forty-eight hours; the abnormal secretion usually ceases in half that time.—*Vierteljahrschr. f. Prakt. Heilk.*, Bd. 66.

In acute cases, where only the anterior portion of the urethra is affected, the same author found (*Gaz. Med.*, 1859, 26) one injection sufficient, provided the urethra be previously washed out with water. Three parts of the nitrate are required to one hundred and eighty parts of distilled water, of which solution two drachms should be injected at a time, but not beyond a distance of two inches. The fluid is moved up and down in the urethra by pressure with the fingers for about three minutes, and then allowed to escape. That constitutes the whole treatment.—*Ibid.*, Bd. 65.

The alcoholic tincture of aloes (about five drachms diluted with five ounces of water) has been employed successfully

against blennorrhœa by S. Gamberini, of Boulogne, and others. Three injections are made every day. The discharge disappears in less than a fortnight.—*Revue de Therap; Jour. of Mat. Med.*

Repeated trials have convinced Dr. Gaby, of Paris, that injections of oxyde of bismuth constitute the very best treatment of gleety discharges. Thirty parts are suspended in two hundred of rose water, and so injected as to leave as large a deposit of the salt as possible in the canal. Three injections per day should be employed at first, and then fewer. Urethral discharges unconnected with gonorrhœa, as observed in certain diatheses, in masturbation, venereal excesses, etc., have been successfully treated in this manner. Balanitis, balanoposthitis and herpes præputialis yield rapidly to bismuth applied in powder, after cleansing the part and then covering with cotton. The various forms of vulvar leucorrhœa may be treated with the same agent; after removing the complications, the bismuth acts upon the discharge like a specific. But it is to be remembered that this remedy is only adapted to chronic cases; pain and other signs of acute inflammation contraindicate its employment.—*North Amer. Med. Reporter.*

Dr. Weeden Cook endeavors to affirm that copaiba in the treatment of gonorrhœa is not only unnecessary, but in a great many instances injurious. In six thousand cases that have come under the author's care at the Royal Free Hospital, he took advantage of the large opportunity thus offered, to test the different methods of treatment which had been suggested, and now makes the following statements in regard to them. The abortive treatment by strong injections of nitrate of silver has sometimes resulted in inflammation of the bladder, and has proved a failure. Dilutants are slow in their action and not readily employed by persons in active business. Diuretics are scarcely more successful, and the administration of saline aperients is generally attended with an aggravation of the ardor urinæ as well as chordee. The most successful treatment is that by the alkaline carbonates, given with a view of neutralizing the acid in the urine, and thus removing one great source of irritation from the inflamed urethra, whereupon the subsidence of the inflammation is effected by nature. As auxiliaries, especially where there is œdema of the prepuce, lead lotions and elevation of the penis against the abdomen, are recommended. When the inflammation has subsided, and a muco-purulent discharge is left, the speediest cure is effected with injections of chloride of zinc, one, or better two, grains

to one ounce of water. In the strumous, the dyspeptic, those of dissipated habits, and old-offenders, the alkaline carbonates are not called for, because either the urine is not acid, or the inflammation does not run high. In such cases, the tincture of iron or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement. The chloride of zinc is in such cases of the utmost value. Respecting diet, scarcely any restrictions need be enforced after the subsidence of the inflammatory symptoms; beer or wine in moderate doses may be advantageously used by those accustomed to these beverages.—*London Lancet*.

A very specified treatment of gonorrhœa and gleet has been given in the lectures on venereal diseases, by Dr. F. J. Bumstead, published in the late *New York Journal of Medicine*. For the abortive treatment of the disease in the male adult, he prefers the weak to the strong solution of nitrate of silver, say one or one and a half grains in six ounces of water. This should be injected at short intervals, until the discharges become thin and watery, and slightly tinged with blood. But this treatment is only adapted to the first stage of the disease. When acute inflammatory symptoms have already set in, or the patient suffers from scalding in passing water, a brisk cathartic is the first thing to be given. If the penis is much swollen, a mixture is advised of bicarbonate of potassa, two drachms; tincture of hyosciamus, one ounce; mucilage of gum Arabic, five ounces; a tablespoonful every three hours. As soon as a syringe can be inserted without much pain to patient, an injection is made after every passage of urine with a solution of one scruple of extract of opium in one ounce of glycerine and three ounces of water. In subacute cases, from half to one grain of sulphate of zinc to the ounce of water may be added. As a local means for the relief of uneasiness, local pain, scalding in mictûrition, Dr. Bumstead fully endorses Dr. Milton's statements in regard to hot water, as hot as it can be borne. For the third stage of gonorrhœa, injections are pronounced a weapon indispensable to the surgeon. Sulphate of zinc (twelve or more grains in four ounces of water) and nitrate of silver constitute the proper ingredients for these injections. In connection with them, copaiba or cubebs may be administered; the last named either alone or with the former, or, if the case demands a tonic, with iron or quinine. For the relief of the chordee, either lupulin will serve in fifteen grain doses, or full doses of camphor tincture, or lactucarium and camphor, one grain of each, made into a pill.

In the treatment of gleet, the bowels should be kept open daily with pills composed of half a grain of strychnine and half a drachm of the compound colocynth pill; this to be made into thirty pills, one of which is to be taken at bedtime. As a tonic and astringent, the muriated tincture of iron is usually indicated, and best exhibited in doses of from five to twenty drops three times a day. The tincture of cantharides may, where it is indicated, be combined with the iron tincture, in the proportion of one to three, and ten drops of such combination will form a dose. Where the constitutional impairment is considerable, quinine may be added. In regard to local treatment, Dr. Bumstead speaks highly of bougies. Except when aggravating the symptoms, they may be passed every second or third day at first, and afterwards every day, or even twice a day. They may also be medicated with gray ointment and extract of belladonna. For injections, sulphate of zinc is preferable, two or three grains to the ounce of water forming the standard of medium strength. This solution should be employed as frequently as the patient is able to pass his water, or every two or three hours. In obstinate cases blisters may be tried.—*Lancet & Observer*.

ERGOT; ITS NATURAL HISTORY AND USES AS A THERAPEUTIC AGENT.

PROF. E. N. CHAPMAN, of the Long Island College Hospital, concludes an excellent article in the *Medical and Surgical Reporter* (Jan. 19th) with the following summary:

1st. The active principles of ergot are the products of a plant, the *oidium abortifaciens*. These are peculiar to it, and are in no wise more dependent on the grain-germ, than any plant is on the soil that affords it nourishment.

2nd. These principles—not as yet isolated—are, probably, two in number; one of which, contained in the oil, produces narcotic symptoms, and eventually gangrene; the other, remaining in the residue after the extraction of the oil, acts by stimulation on the motor tract of the spinal marrow at that limited portion whence the uterus and contiguous muscles receive their nerves of motion.

3d. The oil is alone efficacious in any form of hemorrhage, excepting in that from enlarged uterus, and we can only look for favorable results when the system has been brought under its influence, as shown by a narcotic impression on the brain and heart.

4th. So hazardous a treatment cannot be countenanced; since we possess other remedies of known virtues, not only more reliable, but unattended with any risk.

5th. The watery preparations, which, lacking the oil, can be given many days in succession, will act on the motor tract of the spinal marrow, but will not induce ergotism or other evidence of a narcotic poison.

6th. Ergot of good quality causes the uterus to contract with great certainty whenever its cavity is distended, either by a foetus or a morbid growth. These contractions are tonic and continuous, with periods of remissions and exacerbations.

11th. Hence, this remedy may originate uterine pains at any period of gestation, or cause the expulsion of clots, hydatyds, or any other unattached substance.

12th. Likewise, after labor, it will check an excessive flow by closing the mouths of the bleeding vessels through a condensation of the muscular fibres of the uterus. In relaxed conditions it will be, on the same principle, beneficial in after-pains attended with a copious show.

13th. Since we know of no other mode by which ergot can immediately arrest hemorrhage from the pregnant uterus, it should be avoided in all cases where a hope still remains of saving the conception, and its agency invoked only when the foetus is dead or the safety of the mother becomes our first duty.

14th. In premature labor, induced by ergot, or in labor at the full period, where this drug is given, the child's life is jeopardized in all cases, where for a considerable period previous to the delivery, the uterus is thrown into violent spasmodic action; since thus the supply of oxygen will be most effectually cut off.

15th. Where the child is viable, the ergot should never be used as an expulsive agent to increase pains, already powerful, or overcome resistance from the soft parts of the mother.

16th. It may be required in cases of inertia of the uterus where, with all the parts relaxed, we are quite certain, both from the present appearances and the history of former labors, that the child would be born in four or five vigorous natural pains.

17th. The dangers to the mother from the use of ergot, arise from the uterus thus stimulated, rupturing the unyielding parts in its transit. Thus the neck of the uterus, the bladder or the perineum may receive serious injury.

18th. Rupture of the uterus could hardly occur, excepting in a diseased organ.

19th. A premature fœtus from its small size and the yielding nature of the cranial bones could scarcely, under any uterine effort, cause damage to the soft parts of the mother.

ON GLYCOSURIA AS AN ACCOMPANIMENT OF MARSH FEVERS.

BY DR. BURDEL, Physician to the Vierzehn Hospital.

Dr. BURDEL regards marsh poison as a myth, and looks upon marsh fever as a result of a perturbation of the cerebro spinal centre and the sympathetic system, adopting very nearly the same phrase as the one by which Bernard defines glycosuria. The author of the present paper, in his researches into the nature of marsh fever, has confirmed the above view of its character by ascertaining in the majority of cases the presence of sugar in the urine.

Dr. Burdel employed the test with liquor potassæ, Feeling's liquids, the test with bismuth and potash or carbonate of soda, and the yeast test. It was especially in the first commencement of the attack that the quantity of sugar was considerable; it diminished gradually towards the termination of the paroxysm, and generally disappeared entirely during the interval. The closer the attacks approach one another, the larger the amount of sugar.

In eighty cases of well marked intermittent fever, the author uniformly found sugar; in thirty other cases, in which the fever was at first intermittent and subsequently became remittent, the sugar was present, but only in small quantity and for brief space. In two cases of intermittent fever, following typhoid fever, a considerable quantity of sugar was shown to be present.

In the case presenting the largest quantity of sugar, as much as 10 per 1000 was found.—*L'Union Médicale.*

CUTANEOUS DISCOLORATIONS.

DR. LAYCOCK, in the *British and Foreign Review*, gives the following conclusions :

1. That besides blue and green, of rare occurrence, there are two common well-marked and distinct forms of morbid discoloration due to pigment deposit—the *yellow* or *sallow*, and the *black* or *swarthy*.

2. That both yellow and swarthy discoloration of the skin will occur from the action of local irritants—as heat, light, cutaneous parasitic fungi, blisters, sinapisms, and the like, or in the progress of various cutaneous diseases of the skin and its appendages.

3. That the absence of pigment (leucopathia), as well as its deposits, may be caused by inflammatory and other diseases of the skin, affecting its chromatogenous function.

4. That morbid states of the cerebro-spinal centres will influence the deposit or non-deposit of pigment.

5. That morbid states of the genito-urinary organs in both sexes, acting probably through the nervous system, will determine the election of locality of pigment-deposit, according to the same law by which the development of sexual hair and pigment is regulated.

6. That structural diseases of the abdominal viscera and peritoneum also exercise an influence through the nervous system upon the local deposit of pigment in the skin.

7. That in disease of the supra-renal capsules, the bronzing of the skin, whether swarthy or yellow, is partly nervous, and due to the direct or indirect influence of the capsules or the kidneys and nervous system ; partly hæmic, and in so far due to the morbid influence of “dyscrasic” blood.

8. That pigmentary changes in the skin of both whites and blacks may be *result* of morbid causes, and yet may remain after the operation of the causes has ceased, and assume a physiological character.

9. That although local morbid pigmentation of the skin may occur exclusively from local causes, or the influence of the nervous system, in the majority of cases there is a morbid condition of the blood.

10. That the morbid conditions of the blood associated most commonly with pigmentary changes are characterized by those changes in the blood-corpuscles (leukæmia, leucocytosis)

which are observed in cachectic states of a constitutional character (pregnancy, chlorosis, tertiary syphilis, chronic rheumatism, cancer, etc.), or which are intimately connected with "dyscrasic," visceral, or glandular diseases (of the spleen, suprarenal capsules, lymphatic glands).

11. That the tendency to discoloration increases (*cæteris paribus*) with age after a certain period of life.

12. That the morbid pigment-deposits proper, as distinguished from masses of altered blood-corpuscles, are carbonaceous excretions, and are often vicarious with the suspension or imperfect elimination of other carbonaceous excretions—as the carbonic and lactic acids, and the pigment constituents of both the urine and bile; and are consequently associated with morbid states of assimilation, as well as of elimination (through the skin, lungs, liver, kidneys).

13. That amongst the morbid states of assimilation, the rheumatic and gouty are specially to be classed, as well as those coincident with anæmia.

Semeiology.—Pigmentary changes in the skin, and pigment-deposits in the tissues, are observed clinically under the most varied conditions, and have given trivial names to groups of symptoms. *Jaundice* (*jaune*, yellow,) is the simplest illustration of these. The deposit of black, or brown, or blue pigment in the skin of white races has led to the use of various nosological terms indicative of the change—as *melasma*, *melanopathia*, *nigrities*, *bronzed skin*, blue skin, or *cyanopathia*, *meliceris*, *steorrhæa*, *flavescens*, *steorrhæa nigricans*, chlorosis (or *green sickness*), *melancholia*, *melanchlorosis*, *melasicteris*, etc. As to the absence of pigment, we have *albura*, *leuco*, *leucopathia*, *vitaligo*, *canities*, etc. The congenital absence known as albinism has always excited curious attention, and, as those who have treated albinos know, coincides with peculiar forms of disease. I need not refer to the albino forms of animals, nor to the curious ethnological doctrines and oppressive laws which have originated in the presence or absence of cutaneous pigment, except to say that a better knowledge of the pathological forms will necessarily throw much light on the physiological.

Classification of Morbid Pigments.—The pathological pigments are of two kinds. 1. The *spurious*, which consists either in foreign carbonaceous matters, or in direct modifications of the coloring matter of the blood-corpuscles after they have died; these pigments are all some form of hæmatine, and present all the shades of black, brown, yellow, and purple.

2. The *true*, being those pigments which are products of the transformation of the living blood-corpuscles, or tissues, and which must be held to differ from the preceding in the circumstance that they are the results of the action of the vital forces. They are of all colors; correspond in this respect to the normal coloring matters of animals; and are found in the cutaneous appendages and excreta, but especially in the urine and bile.

Le Cat, a surgeon at Rouen, was the first to examine systematically the morbid pigmentary changes of the human skin in their relation to anatomy, physiology, and organic chemistry. He details cases of melasma and nigrities, and distinguished what was evidently a case of "bronzed skin" from ordinary melasma and icterus.* He examined the pigment (which he termed "Æthiop's mineral") chemically, and showed that the coloring matter of the ink of the cuttle fish was identical in nature with that of the skin of negroes, and of the choroid coat of the eye. He was also the first to observe that the encephalic tissues of the negro were of a darker tint than in whites—an observation subsequently confirmed by Meckel and others, and very recently by M. Gubler. Although considerable progress in observation has been made during the last century, we may still say, with Alibert, "*Les lois de la coloration sont encore couvertes d'un voile épais.*"

Modern inquiries have ascertained that black pigment is deposited morbidly in the tissues, mucous membranes, and capillaries (melanosis), as well as in the skin (melasma), and that it is sometimes present in considerable quantity in the blood (melanæmia). Its nature and composition have also been carefully examined of late years. Barruel first attempted to show that the chemical composition of the black deposit in melanosis was identical with that of the colouring matter of the blood. Bréschet founded upon this analysis and upon his own researches the conclusion that the deposit was due to effused and modified blood with a large proportion of true colouring matter; and Heusinger, Lobstein, Andral, Trousdale, and Leblanc, J. Vogel, Bruch, Rotkitansky, Virchow, and others, have theorised as to the mode in which the pigment is formed from the blood.† It is now well established

* *Traité de la Couleur de la Peau Humaine*, &c., p. 158. 1765.

† Compare Rokitansky's *Pathol. Anatomy*, Sydenham Society's translation, vol. i. p. 204, and Virchow's elaborate paper. *Die Pathol. Pigmente*, in *Archiv f. Path. Anatomie und Physiologie*, vol. i. art. 9.

that although the pigment in numerous cases really consists of modified hæmatine, derived directly from the blood-corpuscles, the deposit in melanosis, melasma, and nigrities is not of this kind.

HYPOCHONDRIACAL INSANITY AS A PRECURSOR OF GENERAL PARALYSIS.

BY M. BAILLARGER, of the Salpêtrière, Paris.

General paralysis is a common and most serious phase of mental disease. It attacks patients of all ages, and its progress towards a fatal termination exhibits stages of the most melancholy and humiliating nature. All medical men accord it as being most insidious in its approach. It may be long in becoming fully developed, presenting at first only the most trivial indications, in many cases so trifling as to pass altogether unobserved; and when the malady does at last attract attention, it may be too late for arresting its advance. It is therefore most important to attend to this disease at the very first; and it is with this object that it seems useful to describe the intimate relation existing between the hypochondriacal form of melancholia and general paralysis.

The relation being understood, it becomes one means of detecting the advent of that disease at the very commencement of its attack. It is of importance to distinguish this symptom, as the melancholy accompanying general paralysis very much resembles melancholia in its simple form. The conceptions or illusions of the hypochondriac, however, although of considerable variety, are yet of such a tendency as often to present something of a special character in their nature. The patients believe that their various organs are changed, destroyed, or completely obstructed: they pretend, for example, to have no mouth, no abdomen, no blood—that their gullet is stopped up, their stomach quite full, their bowels shut up; they imagine that their food passes from its ordinary channels—that it gets into their skin, or even their clothes. Four patients believed their body to have become putrid. Many among such are afflicted with hallucinations of smells. Some keep their eyes closed, and allege they are blind; others cease to speak, and state afterwards that it was impossible for them to open their

mouth; they assert that they cannot swallow, nor defecate, nor make water; they affirm that their members are altered—that they are larger or smaller; they say they do not exist, or even go so far as to believe themselves dead; they remain motionless, the eyes shut, and when their limbs are lifted they let them fall, as if completely paralyzed. These different delusions lead to serious consequences: many of the patients refuse, more or less obstinately, to take food, and sometimes it becomes necessary to feed them by means of the stomach pump; and such patients speedily become much emaciated. I have seen, says M. Baillarger, a lunatic die in eight days from obstinately resisting the employment of the stomach pump, under the impression that his stomach was completely full, and his gullet obstructed. One patient pretended he could not make water, and used every effort to retain it; his bladder became enormously distended, and he was at last attacked by a veritable retention, and it was with great difficulty the catheter could be used. In the end a false passage was made, and the patient died, while yet in the first period of the disease.

The tendency to gangrene, which is one of the characteristics of general paralysis in its latter stages, exists in these cases markedly, and before its usual period. Four cases had large eschars over the sacrum, without ever having been confined to bed; one woman, who for a year had exhibited all the symptoms of commencing general paralysis, preserved every appearance of health otherwise, when, all of a sudden, she became affected with hypochondriacal melancholia, and six weeks afterwards died of gangrene in both feet.

Hypochondriacal delirium is thus not only a mere premonitory symptom of certain forms of paralysis, but it is a serious symptom, and one very unfavorable in prognosis.

In reference to this affection, viz., that of hypochondriacal insanity—viewed as one of the precursors of general paralysis, this being the fact of most practical value in connection with it, the delusion of which we have spoken seem to claim especial attention, as they are sometimes to be detected in patients as yet evincing no indication of paralysis—this supervening at a later period. Such a termination is certainly not invariable; but is so common after this symptom, and the prognosis in such cases is so unfavorable, that considerable importance seems to attach to the subject. Thus Dr. Combes published some remarks on a case of "Lypemanie," with stupor, and other serious symptoms—nothing, however, indicating that at a later period this patient should be attacked with paralysis; and,

after fifteen months' residence in this asylum, where he was treated, he was dismissed as cured. In reading Dr. Combes's remarks, I was struck, observes M. Baillarger, with certain of the delusions affecting this patient. He had believed that he was about to die, if indeed not already dead; that his limbs were atrophied, that he had none, etc. These appearing to be good grounds for suspicion, I wrote Dr. Combes to know what had become of the patient. The answer confirmed my suspicions to be correct;—the result having been that, after a year's return to his occupations, he had been attacked with general paralysis. We may see by this example, that, had hypochondriacal delirium been held as a certain precursor of general paralysis, this affection might have been foretold two years before it actually took place.

It may appear strange that one form of insanity should thus be urged as premonitory of paralysis. Singular as it may seem, however, it is not the first time that such a doctrine has been urged. Since the writings of Bayle, no medical man doubts the fact of certain forms of insanity, such as the ambitious form, being symptomatic of approaching paralysis. And if one form of delirium be held, in mania or monomania, as indicating the advent of paralysis, there seems no reason why this particular hypochondriacal form should not serve the same purpose, and with equal certainty, in melancholia.

We do not attempt explaining these facts; and, we may add, it seems useless to do so, either here or in the case of ambitious insanity. One point connected with the ambitious form may be mentioned; and that is, the relative frequency of general paralysis among females in different ranks of society. While this malady is equally common among males of all classes, among women it is not so. It is very common among the poor, and very rare among the rich. It would appear, however, that this circumstance has been forgotten by those who would explain the greater number of cases of ambitious insanity as induced by ideas of speculation—by the desire of suddenly arriving at honors and fortune.

In conclusion, it appears evident that hypochondriacal no less than ambitious insanity may, in different circumstances, be considered as a prognostic of general paralysis. The intention of the present paper has accordingly been to direct attention more particularly to the latter of these forms. As for the first, I have frequently had occasion, before now, to refer to it in all its remarkable psychological characters.—*Gazette des Hopitaux*, Sept. 1860, and *Edinburgh Medical Journal*, Dec. 1860.

PERVERSION OF THE MENTAL AND BODILY FACULTIES AS PREMONITORY SYMPTOMS OF GENERAL PARALYSIS. BY M. BRIERE DE BOISMONT.—This paper, read at the meeting of the "*Académie des Sciences*," Sept. 24, 1860, may be considered as a sequel to that of M. Baillarger, read at its previous meeting, and just noticed. After alluding to the medico-legal aspects of such cases as are characterized by a tendency to theft and other criminal propensities, the author states that his observations have been carefully collected from a hundred examples falling under his own care, and respecting which he had already communicated to the *Société Médico-Psychologique* those alterations in character and disposition throwing light upon the question under discussion.

According to his observation, the most frequent symptoms—in fact, what occur in three-fourths of such cases—are, great irritability, movements of impatience, anger, and violence. In a much smaller proportion of cases, the disease assumes on the other hand, characters of indolence, and apathy, and gentleness. Such patients are reasonable and well-conducted; but between their words and actions there is an insurmountable discrepancy observable.

In place of either of these states of mind, or along with either of them, we frequently find perversion of the moral faculties: individuals who until then had been of unimpeachable character, suddenly becoming irreligious, immoral or dishonest. These indications are important to be observed, as they are often unsuspected by any one as being connected with the diseased condition existing. The propensity to steal is, perhaps, of all others the commonest among this class of symptoms, and seems to some extent connected with that peculiar flow of spirits common in such patients, and evinced in their delusion that they are rich, powerful, and lords of all that they see—a state of mind which, in its results, sometimes entails the most painful consequences.

It is thus certain that the greatest change in the character and conduct is often observed in connection with general paralysis, giving rise to acts of an eccentric or reprehensible nature. Such acts are, no doubt, frequently to be met with as ordinary manifestations of the disposition, but their sudden and unaccountable accession results from mental disease, and is especially connected with general paralysis: they are its premonitory symptoms—*avant-courriers*, as they have been styled by Dr. Forbes Winslow, in his work "*On Obscure Diseases of the Mind and Brain*."

Our principal reliance in the diagnosis of such cases must rest on the general bearings of the disease. In the greatest number of instances where sudden alteration in character, disposition, and conduct become apparent, there is reason to fear the accession of general paralysis; if the age is from 35 to 45 years, and excess of some kind, such as sexual or intellectual excess, and hereditary predisposition can be added, the prognosis becomes all the more certain.

Besides these characteristic symptoms, we must not lose sight of a very common occurrence connected with them,—that is the frequency of attacks of the nature of cerebral congestion. This may occur in the shape of a transient stunning sensation or giddiness, and pass off without attracting much notice; but it does so more commonly, and is of serious importance. Such congestions entail weakening of the intellectual faculties, loss of memory, and absence of mind. The mind loses its ordinary power. If the patient resume his occupation, and take to any work requiring application, the difference is at once observable in his capability of conducting it. His benevolence is greater than usual; there is a confidence betraying itself in his speech, which foretells the advent of insanity in its ambitious form. On the other hand, but less frequently, there is a state of dejection, the tendency to melancholia and hypochondriasis.

But the disorders of the muscular system are the key or touchstone for our guidance in this disease. One of these is of much importance, and manifests itself in a passing, transient trembling of the lips; a scarcely perceptible embarrassment in speech; a hesitation in pronouncing a certain word or letter, which does not occur except at long intervals. Taken by itself, this symptom may not be determinative, although it is of great assistance: but if it be added to diminution of motive power, such as may be observed in asking the patient to grasp one's hand, or his own limb, the certitude becomes increased tenfold. To these symptoms may be added, inequality of the pupils, exaltation or failure of the sexual functions, diminution of the cutaneous sensibility, tremors of the muscles, and the results of analysis of the urine, and the indications afforded by means of electricity. We have also, in many cases, adds the author, observed paralysis of the sixth pair, amaurosis and attack of deafness, precede by several years the occurrence of general paralysis, and serve as the means for its prognosis. — *Gazette des Hopitaux*, Oct. 1860, and *Edinburgh Medical Journal*, Dec. 1860.

PHYSIOLOGISM AND SCEPTICISM.

BRINTON'S LECTURE.—Extract.

So little of the truth, indeed, is there in the notion that the study of Physiology favors scepticism in religious matters, that the contrary statement might be maintained with considerably more semblance of accuracy. A subject which continually reminds us of our ignorance should scarcely make us vain; or which perpetually tells of what nevertheless we cannot observe with any of our senses, to doubt of the existence of a realm which at present lies altogether beyond their inquiry. Nay, more, if it were desired to minister to a mind diseased in this its most important part, it would be difficult to specify any better intellectual discipline than the study of Life and organization. If the sight of the stars in the sky could seem to the mind of the great Napoleon a scornful but complete answer to the sceptics who reasoned around him in his voyage to Egypt; and if he, in unconscious imitation, could draw from this spectacle the same lesson which David had done thousands of years before; surely the transcendent mystery which a drop of standing water reveals to modern observation—the throng of shapes, structures, instincts, and habits, which jostle each other in this microcosm—amount to no meaner teachings, and afford no less certain proof of a Creator. The honest doubter, I should rather say, may find in Physiology what, so far as his doubts are really intellectual, and not moral, must tend to shake and remove them. And any exception to this rule would almost justify the suspicion that his study of the subject was of that superficial and scanty character which, though it may, in the technical phrase of student life, grind men for the College or Hall, will most assuredly fit them for nothing useful in this world or the next.

The charge of Materialism is more difficult to deal with, mainly because of the sophistical sense in which the word has been used, and the odium it has therefore come to convey. To parody the sturdy Welshman's answer to the anti-Germanizing clergyman who casually held forth in his parish, "Here, sir, the great danger is of 'immaterialism.'" The only decently scientific hypotheses, in other words, which represent the material and its antagonist theory, are both of them, so far as I dare venture to judge, as perfectly compatible with religion

as are the Books of Euclid. Indeed, I question whether they are not quite compatible with each other—whether the difference be not in great degree one of terms or words, rather than of ideas. One side, for example—well represented by one of the most able physiologists of the day, Dr. Carpenter—is inclined to assume the existence of a force or forces, so unlike anything we meet with in the inorganic creation—that is, so characteristic of life—as to be fitly named *vital*. These forces ceasing at death, allow the substance they previously tenanted and governed to fall back, as it were, into the domain of the ordinary laws of matter, in obedience to which they now decay and disperse into the world around them. The other side, which I will instance by the illustrious Valentin, regard Life and Organization as sustained in great measure by the same laws as those which, in different degrees and modes of working, operate in the inorganic world. Declining to separate physical and chemical phenomena of dead and living nature by a line of demarcation hitherto not definitely proved to exist, and confidently resting on the innumerable and undoubted facts which prove that such forces as heat, light, magnetism, chemical affinity, are every moment operating in the living body, it supposes that even the most peculiar and fleeting of these operations which we sum-up as Life, are effected, in obedience to natural laws, by the use of forces everywhere present.

Of the theologian who should call this "Materialism," I would ask, "How does it affect revealed religion, or infringe our common creed?" Its supporters, in assuming that "the vital functions are the result of an infinitely wise plan of organization," do but modify, and indeed modify by exalting, our notions of the infinite wisdom they explicitly acknowledge. The materials, so to speak, they regard as fewer, simpler, more general, less heterogeneous, than had hitherto been imagined. Scientifically, they must only gain their position more fully by proving it more fully than they have yet done. But, theologically, if there be any difference, surely it is that the simpler the materials, the more unimaginable must be the skill and wisdom of the workmanship.

To balance between the two theories on physiological grounds is perhaps, less easy and conclusive. A critical intellect can, indeed, generally find something about the hypotheses more or less constrained and inexact. They never quite fit the limbs of growing science; and, to keep up this homely simile, Physiology, after limping uneasily about in them for a short

time, soon treads them down at heel. The vitalist, for example, cannot question the share taken by inorganic forces in the ordinary functions; or the contrast between systemic and somatic death; between the death, for example, of the whole animal, and that death of its muscles which only comes on several hours after, and can be deferred or even removed by the injection of blood. The supporters of the opposite view, on the other hand, must be compelled to admit that we are still possibly ignorant of some of the forces which must essentially minister to life; and that, of these unknown forces, it is not impossible some may be more or less limited to organized or living matter. Each theory is thus more attractive according as you choose to foster your attention on the differences, or on the likenesses, of the forces concerned in the living and lifeless divisions of Nature. Each, however is only provisional; and if the latter may be regarded as any way preferable, it is only because it seems to be perhaps the more accurate and useful, precisely where it is the more modest, of the two; because it implies fewer consolations or excuses for our ignorance, and holds out larger incentives to our industry.—*London Lancet.*

PAIN.—*Superficial pains on both sides of the body, which are symmetrical, imply an origin or cause the seat of which is central or bilateral; unilateral pain implies a seat of origin which is one-sided, and as a rule, exists on the same side of the body as the pain.*

This is an important stand to take in endeavoring to unravel any obscure case through the medium of local pain. I must therefore repeat that in cases of symmetrical pains on the surface of the body, without the local manifestation of inflammation by an increased temperature of the parts, the cause must be central; and that if the pain be felt on one side only, the cause is only on one side, and it on the same side of the body as the pain.

Associated with disease in the lower cervical, or the lumbar or the dorsal vertebræ, the pains are almost always symmetrical, whilst in the diseases between the occiput and atlas, or between the atlas and the second vertebræ (the vertebra dentata) it often happens that the pains are unilateral, or one-sided.—*Hilton's Lecture.*

ORIGINAL COMMUNICATIONS.

VALEDICTORY

TO THE GRADUATES OF RUSH MEDICAL COLLEGE, FEB. 27TH, 1861.

BY J. ADAMS ALLEN, A. M., M. D.,
Prof. Prin. and Prac. of Med., and Clin. Med.

Gentlemen of the Graduating Class :

The pleasant duty of welcoming you to the ranks of our honorable profession has been devolved upon me, and I accept the trust with the greater alacrity, because I am fully convinced that in accepting you as Doctors of Medicine, the Trustees and Faculty of Rush Medical College can, with justifiable and honorable pride, assert that you have worthily won, and we are fully convinced that you will honorably sustain, this respectable character. Custom has sanctioned the usage of commending to the attention of graduates, upon an occasion like the present, certain suggestions of a more general nature than those which we, as your instructors, have previously had opportunity to convey, and yet which we believe will be found practically useful in your future career.

It is unnecessary to remind you that your medical education, so far from being finished, is this day but just commenced—alas, that so many who have gone out from the various schools of medicine so often think otherwise!

You have secured the right to append M. D. to your autograph, but be pleased to remember that there is nothing cabalistic about these mysterious letters—you will yet learn, if you have not already, that these will not of themselves prove an "Open Sesame" before which the gates of success and prosperity will spontaneously swing wide and free for your ingress.

The degree of Doctor of Medicine is, perhaps, a ticket of admission to the race ground of professional life, but your success upon the course, thereafter, must depend upon the kind and vigor of your subsequent efforts.

We fervently trust that in the coming time, the Faculty of this College may have no occasion to say to any one of its athletæ, this day admitted to the friendly contest: "*Ye did run well, what hath hindered you?*"

We regret to inform you that the course, intervening between you and the goal you seek, is not altogether free from obstacles which may seriously impede, or, if you are not prepared to overcome them, altogether check your progress. The track is not a clear one, on the contrary it is beset with snares and pitfalls, hurdles and five-barred gates, by-ways and cross-roads, pleasant to the view, perhaps, but terminating in chaos and dishonor.

Another thing, although the Grecian monarch refused to run the Olympic race unless he could have kings for competitors, you cannot imitate his royal reticency. You will have to make your way, side by side, with the unseemly mountebank, decked perhaps with pods of Capsicum, Lobelia stalks, and a steam boiler to make up for his acknowledged light weight. And then next him, "Lo, the poor Indian!" makes the white runner who steals his moccasins and herbs, rich in wings of speed like Mercury (*not* Calomel) of old mythology—the seven leagued boots of nursery tale are nothing to them. And then comes the so-called Eclectic—"a catcher up of unconsidered trifles" thrown away by you and your confreres—he fattens upon them like an ass upon thistles, or an ostrich upon bits of window glass and rusty nails, and waxing fat in popular success, he kicks at you in your tardiness and discomfort.

And next comes a figure which perplexes us to describe, for it seems neither matter nor incorporeal essence—a kind of starveling imitator of Ariel or tricky Puck in serio-comedy, essaying to put an immaterial girdle around the world of

disease within the forty minutes. It does not seem to walk or run, but is *puffed* along by the side of you—outstripping you, as the butterfly or thistle-down eludes the pursuit of the truant schoolboy.

*It is perfumed like a milliner,
And twixt its finger and its thumb it holds
A "potency," which ever and anon
It gives the nose—*

* * * And still it smiles and talks.

* * *

With many holiday and lady terms
It passes you. * * *
*It tells you the sovereigns't thing on earth,
Is Pulsatilla for an inward bruise,
And that it was a great pity, so it was,
That villainous Calomel should be digg'd
Out of the bowels of the harmless earth,
Which many a good tall fellow had destroyed
So wretchedly; and, but for these vile drugs
It would itself have been a "Regular."*

It passes you, whilst embroidered handkerchiefs wave out upon it an atmosphere of Cologne from drawing-room windows, where *vapors* stifle all womanly intelligence—benedictions float out upon it from the shutters of dapper preachers whose—

"Dear dyspepsia grows a dire disease,"

beneath its toothsome attenuations—titillating, if not the stomach, at all events, the fancy of him who undertakes the cure of souls upon quite other grounds than *similia similibus curantur*.

Let them pass on—all—to what of future fortune the world is full of prophetic assurances.

Be not discouraged at the sight of worthless ignorance or viler imposture, from time to time, securing an apparent advantage over you. It is the same in all pursuits involving the employment of intellect and thought. Why even the high truths of revealed religion are little popular among the masses of mankind. They love Joe Smith rather than St. Paul, and will not receive even truth itself unless, as Milton said, arrayed like a notorious falsehood.

How few there are that can grasp the meaning, and the calm trust of the inspired singer of Israel :

“ Whither shall I go from thy spirit ? or whither shall I flee from thy presence ? If I ascend up into Heaven thou art there : if I make my bed in hell, behold thou art there. If I take the wings of the morning, and dwell in the uttermost parts of the sea ; even there shall thy hand lead me, and thy right hand hold me. If I say surely the darkness shall cover me ; even the night shall be light about me. Yea, the darkness hideth not from thee ; but the night shineth as the day ; the darkness and the light are both alike to thee. I will praise thee ; for I am fearfully and wonderfully made : marvellous are thy works ; and that my soul knoweth right well.”

How many, alas, are there who choose rather than this the chamber darkened like their own feeble intellects, and then the senseless mummeries, or worse and more wretched than these, the fatuitous blasphemies of modern spiritualism ! The follies and absurdities enacted in the name of Medicine, are but the light and trivial shadows projected from the Egyptian darkness of myriad religious superstitions. Sometimes it would seem that there is a compensatory arrangement of some minds, by which it occurs that clearness and profundity in one direction of thought are balanced by dimness of vision and superficiality in another. This is the only way in which I can account for the presence and prayer of a prominent clergyman of this city the other day, at the public *raree*-show of one of the baldest systems of imposture which the present age, prolific as it is of deception, fraud and villainy, has yet produced. And this very system of imposture is thus endorsed :

“ Though contradicted every day,
By facts which sophistry itself would stumble o’er ;
And to the very teeth a liar proved,
Ten thousand times.”

You must free yourself from the idea that men only need to see the right and true in order to recognize and follow it. Why it is but a few brief months since the “ Universal Yankee ” boasted at home, and upon all the continents and seas, that he was a subject of the freest, the happiest, the most

prosperous and most perfect government the world ever saw. Universal suffrage and the will of the majority were the panaceas for all political woes. And yet the feasting of the "sovereigns" in November, furnished the "funeral baked meats" which did coldly set forth the marriage tables of a new wedding, without even the judicious formula of a legal divorce from the older tie. And now one half of the country is dancing with joy over its new sensation, as Nero fiddled at the burning of Rome; whilst the other half is dissolving in lamentations, as helpless and still as the marble Niobe of ancient fable, shedding stony tears for its slaughtered children.

Gentlemen—There is no accounting for the phases of human folly, for its ludicrous foibles, its whimsical crimes. In Medicine, as in everything else, you must take the world, as you find it—not to whine over it, but to do something in it—something to make it better; something to make you fitter to stay in it, because more dissimilar to the uneducated (and even some of the educated) rabble which choke up *all* the avenues leading whether to success, or defeat and ruin.

It is well for you to propose to yourselves, clearly and definitely, what you mean by success in professional life. Indeed everything depends upon your apprehension of this idea—for the life which from one point of view may seem a failure, may really be a splendid triumph, and the reputed success in truth a most ignoble defeat.

Do you propose to yourself the success which riches attest? Then you must conjoin to your medical attainments that knowledge of the details of general business, or speculation indispensable to the making of money. The very best authorities on the subject of money getting, assert that the particular kind of trade or profession in which a man may commence his life has, in reality, little to do with the real process of getting rich. The millionaire, Girard, said that the first thousand dollars he accumulated, cost him more real effort and struggle than all the rest of his vast possessions therewith acquired.

To secure this object you must, in medicine as in other pursuits, simply live within your income, however small it may chance to be, and then invest the surplus under ordinary business rules. It is very rarely, only in cases as exceptional as prizes in a lottery, that medical men acquire wealth merely from the surplus of their professional receipts over their expenditures. To acquire the first hundreds or thousands, you must, in your trade of doctor, please your customers, and rigidly collect your bills, precisely as other tradesmen do. These are all the secrets involved in acquiring the success of wealth. But if you make this the sole object, do not complain if by and by you find that you have failed in securing professional distinction, or in acquiring the riches of profound knowledge—we cannot serve the God of Medicine and Mammon as joint partners.

Or is your ambition directed toward the securing of popular reputation, the fame of a large practice and the winning of golden opinions from all sorts of men and women? If so, you must adopt a different course. You must, like a political demagogue, adapt yourself to the humors and tastes of all with whom you are thrown in contact—literally becoming all things to all men, and especially all women. Read the advice of Polonius to his son Laertes and bear his,

“precepts in thy memory.

Look thou character. Give thy thoughts no tongue,

Nor any unproportioned thought his act.

Be thou familiar, but by no means vulgar.

The friends thou hast, and their adoption tried,

Grapple them to thy soul with hooks of steel;

But do not dull thy palm with entertainment

Of each new hatch'd unfledg'd comrade. Beware

Of entrance to a quarrel: but being in,

Bear it that the opposer may beware of thee.

Give every man thine ear, but few thy voice:

Take each man's censure, but reserve thy judgment.

Costly thy habit as thy purse can buy,

But not expressed in fancy; rich not gaudy:

For the apparel oft proclaims the man:

* * * *

Neither a borrower nor a lender be;

For loan oft loses both itself and friend:

And borrowing dulls the edge of husbandry.”

If you will have this kind of success, *denounce nothing*—in

the cant language of the day, be conservative among conservatives, a radical among radicals, but beware of the pen and printer's ink, lest your heedless expressions unhappily rise up in judgment against you elsewhere. If you are connected with a church—within its folds be the chief of sectaries, but outside of that give utterance to the largest catholicity of views.

In your practice charge the leaders of opinion nothing or a nominal sum for your services, and then make up the deficiency, if possible, from those nouentities in society whose complaints are never noticed or regarded. Secure by indirect influences the appearance of your name in the newspapers as often as possible, and to aid in this laudable course, connect your name if possible with eleemosynary associations, especially where, in consideration of your acceptance of an office, they will not call upon you for contributions, except perhaps of words which cost you nothing. Or seize the opportunity of having your name posted upon the corners of all the streets as "the distinguished lecturer" upon some topic which will not involve controversy, or anything beyond the utterance of glittering generalities. When among the adherents to scientific medicine assume to be the soundest of all true *Æsculapians*, but do not forget when among any of the disciples of other and strange creeds to be ready to admit your own dissatisfaction with many generally received opinions, and descant as learnedly as you can upon the wonderful benefits which have been derived by legitimate medicine from the engrafting upon its lopped limbs of these varied bastard scions. If you have fluent utterance and you are quite sure your grammar is unimpeachable, be "instant in season and out of season" with your tongue,

"To tickle the maggot born in an empty head,"—

but if you have doubts upon this point avoid the *maggie* as your exemplar, and enthrone the *owl* in its place. You can scarcely conceive the power there is in shrewd silence on occasion, or the immense influence of the wise and oracular look.

When Lord Mansfield was Chief Justice of England, a general officer in the army, one of his friends, came to him in great perplexity, saying that he had got the appointment of Governor of a West India island; which made him very happy until he found that aside from his gubernatorial duties he was also to act as a judge, hearing and deciding causes. As he knew nothing whatever of law, this troubled him exceedingly. Lord Mansfield said to him, "Be of good cheer—take my advice, and you will be reckoned a great judge as well as a great commander-in-chief. Nothing is more easy; only hear both sides patiently—then consider what you think justice requires and decide accordingly. But never give your reasons;—for your judgment will probably be right, but your reasons will certainly be wrong." Two or three years after an appeal came up from a decision of the Governor, based entirely upon the ludicrously absurd reasons he had given for the judgment. It turned out on inquiry that the Governor having acquired much reputation by closely following Lord Mansfield's advice, began to suppose himself really a great lawyer, and that this case carried up was the first in which he had given his reasons, and was the first appealed against. Truly, as Carlyle exclaims, "*Great is silence*," for, we may add, by its potent influence the children of this, and all other generations, prove themselves far wiser than the children of light!

I ought not to forget to add that if you are forced to speak of professional matters, as in explaining the case of a patient to inquiring friends, or more particularly in a court of justice where a large audience is present, you must use only the most ultra technical phrases and terms to convey or conceal your ideas—"words of learned length and thundering sound," whose ponderous proportions and unintelligibility will fall upon the senses of the hearers as having great *specific* gravity. To illustrate, in explaining the influence of improper food in causing indigestion, you can say that: "The concatenation of ineffable self-existence proceeding in a hypostatical dupli-

cate ratio from the primordial concoction of the supermundane essence has caused the bacon and greens to degenerate, and thus has given the poor caitiff—a stomach-ache!" Thus you will often gain more "in a flash, than if your brain pan were an empty hull and every muse tumbled a science in."

By these and similar arts you may secure the success of popular reputation—but when attained, if you find yourself despised by your honorable professional brethren, and poor indeed in scientific attainment, contemptible even to yourself—do not complain of the profession for not awarding you success. According to your faith it has happened unto you. As you have made your bed you must lie in it—albeit upon thorns.

Machiavelli says: "The occasion of every man's good or bad fortune consists in his correspondence and accommodation with the time."—The man must seek to adapt himself to the particular circumstances in which he is placed, and make all their influences bend to the accomplishment of the especial object proposed, but when he has thus proved himself the "architect of his own fortunes," he must not blame the times, or the methods, because the completed edifice does not fill up the proportions of his ideal. If you have struggled and fought for a taste of the apples of Sodom, do not scold because on sinking your teeth beneath the cortex, instead of pulp you find ashes. You will say with Paracelsus:

"You know my hopes;
I am assured at length those hopes were vain;
That truth is just as far from me as ever;
That I have thrown my life away; that sorrow
On that account is vain, and further effort
To mend and patch what's marr'd beyond repairing,
As useless: and all this was taught to me
By the convincing, good, old-fashioned method
Of force—of sheer compulsion."

You will have labored and toiled for the Midas-power of turning whatever you touched to material gold, or the duller metal of popular applause, and if this satisfies you not, beware of lugubrious complainings at fortune for the calamity, lest you be adorned with the already sprouting *Midas-ears*.

The sacred proverb is: "Though thou shouldest bray a fool in a mortar among wheat with a pestle, yet will not his foolishness depart from him," and the experience of later times is, that should you supply the fool with a *mortar* he will not cease of himself to *bray*.

Notoriety, Gentlemen, is a cheap commodity. Plutarch gravely records in the life of Alcibiades, that he had a magnificent dog, the admiration of all the citizens. One day, this much admired animal appeared in the streets of Athens deprived of his tail—curtailed, in short. The dog-fanciers of all Greece were in mourning over this dire extremity, and wondered at Alcibiades for the act. But the biographer lets posterity into the secret. There was a lull in the politics of the time, and Alcibiades was determined still to be talked about—hence the canine misfortune. Without punning—may we not say "thereby hangs a tale" for the lovers of notoriety even in our times? It is a more expeditious and compendious method than many which now are frequently adopted.

I must caution you here, however, that if you attempt notoriety, you must not adopt the outworn, stale methods. None of our communities would now submit to the sottishness of a Paracelsus, the brusqueness of Abernethy, the coarseness of Jebb or the brutality of a Radcliffe. Tremendous neckcloths, flashy waistcoats and all the assumed eccentricities and absurdities of costume have gone the way of wigs, cocked-hats and gold-headed canes. Neither will the ruse of Jehu-driving, aimless and objectless, to the imminent danger of pedestrians, avail. Neither the frequent call from service at church or crowded assemblages—all that was exploded years ago.

Now-a-days people require more delicate manipulation. *Humbug* must "take any other shape but that"—it must be managed with the most perfect tact and finest artistic taste. This thing is now reduced to a scientific system, and if you *must* attempt to strike that vein, you must use a most delicate scalpel, remembering all the time that you are not carving a

goose, but practicing one of the most recondite and perplexing of the fine arts.

Whether the desired result is worth the necessary effort, I will leave it for you to determine—merely suggesting that, rather than be a professional Jeremy Diddler, it would be less trouble for you, and certainly of far more advantage to the world, to blow your brains out entirely before you begin to use them thus.

In the time of William and Mary, in the case of *Buxton versus Mingay*, the case turned upon the point, whether within the meaning of the act of Parliament, a Surgeon is an *inferior tradesman*. The Chief-Justice Wilson, says the chronicler, took the liberal side, saying: "I am clearly of opinion the legislature could never intend that a Surgeon is an *inferior tradesman*, or dissolute person, although he may sport without being qualified to kill game." But Judge Bathurst added—"I can never be of opinion that the legislature intended to permit every master of every little mechanic trade to neglect his trade and go hunting. I am of opinion that every tradesman is *inferior* who is not *qualified*—and that is the only line we can draw between inferior and superior." This famous decision was always exceedingly distasteful to our English faculty, although the penalty of want of qualification was only the loss of a chance to shoot hares and foxes and grouse. But the gist of the decision is that, whether surgeon or tradesman, he who is not qualified is, and must continue, *inferior*.

That physician who most perfectly qualifies himself to discharge the high duties of his profession, achieves the truest and only real success. That is the success at which each of you, Gentlemen, and every member of the great fraternity of medicine, should most constantly and assiduously aim. Seek that qualification if you would rise above the "inferior tradesman" or mere "dissolute person." Seek that success, and all others will be added to you. This is the "royal road" for which the ancient king inquired in vain. We opine that if we look into this idea a little, we shall find something of more

value than the aims, methods and results we have thus far noticed.

Between the good and poor physician the only difference is in their respective knowledge. An easy morality suggests that some particular faculty or tact likewise distinguishes them. Admit this, and even then the difference is but one of knowledge. If the difference is real and positive, then is it a subject of investigation, and of ideas which may be cultivated and perceived. He who tells us that one man may not surmount the barriers which separate him from another, in effect declares that he has faculties which may not be developed: he blasphemes the law of God which impresses the attribute of perpetual development upon the human mind in all its parts. The *divina particula auris* breathed into the nostrils of man at the creation will be felt forever—immortality and infinity of growth wait upon it.

All knowledge is in the line of your profession. It is an idle fallacy that would restrict the province of the physician to the mere mechanism and derangements of the material frame. That we recognize as the medium of manifestation of all those high forces whereby it is knit and connected in the harmonious series, from the monad to the Supreme. No man as the physician may say—*Homo sum! nihil humanum a me alienum puto.*

The biographer of the celebrated Dr. John Mason Good tells us that he wished to bring himself under the urgent obligation of a *moral necessity* to attain the greatest possible amount of knowledge; and this feeling conducted him to an eminence of attainment which, in any other field than medicine, would have placed him side by side with the highest names which will go down to immortal fame. The sovereignty of man lies hid in knowledge, as Bacon says, and thus the only true success you may possibly attain is by securing this sovereignty.

The Osiris of Egyptian mythology was likewise known as Serapis the God of Medicine. Osiris is considered as the

type of the active, beneficent, generating force of nature and of the elements. He was particularly adored in the sun whose rays vivify and impart warmth to the earth, and who on his return in the spring appears to create anew all organic bodies. Isis, of the same myth, represents the passive force or recipient, and was worshipped as the symbol of the earth or sublunary nature in general. United together, Osiris (or Serapis) and Isis typify the Universal Being, the Soul of Nature, the Pantheus of the Orphic verses.

Osiris having enriched Egypt by his benefits visited other countries, instructing them in agriculture and the arts and sciences. On his return, his brother Typhon, with the assistance of other conspirators, killed him, and, dividing his body into many fragments, scattered them throughout Egypt.

Typhon illustrates the destructive principle, ignorance or error, which is still allied to truth, even as a brother. The whole myth mystically alludes to the introduction and influence of error in the world. But Typhon or error and destruction did not altogether prevail, for Isis still remained alive, who sought earnestly for the dissevered fragments of Osiris, and as each was discovered she enclosed it in a statue of wax representing him, and distributed these effigies throughout the country which living he had blessed by his instruction and labors.

Thus, also, once came Truth into the world, most glorious to be seen, but anon also came Error, than which nothing is more destructive, and with its army of deceivers hewed the body of Truth into innumerable fragments, scattering them to all the winds and continents and seas. Since that time the disciples of Truth have gone like mourning Isis, up and down, collecting the dismembered fragments of truth, and though they have not as yet been able to reconstruct the whole body, they have endeavored to embalm each recognized part in an effigy of amber, that it may be preserved to that coming time when, all the particles having been discovered, they may be re-arranged in the body and framework of life

imparting Truth. Isis still mourns her own griefs in the absence of the full protective and beneficent influence of Osiris, while the pestilential breath of Typhon mars the fair banks of the Nile.*

Terra salutiferas herbas eademque nocentes;
Nutrit, et urticae proxima sæpe rosa est.

In assuming the position of *Doctores Medicinæ*, Gentlemen, I take it that you are at the same time inspired with a more fervid zeal in the search for truth. For how is it possible for Serapis to have escaped when Osiris was torn in pieces? Indeed we are inclined to believe he was mangled not as Osiris the active force of nature, but as Serapis the God of Medicine. The brood of Typhon still remain unchained, and the destructive energies still oppose the healing art, sometimes even under the guise of its devotees. When error comes in its proper habiliments, it is easily detected; but there are modes where it creeps into confidence which are not so readily disclosed. You are fully aware that in this province there must be much patience and groping in the dark—much struggling with the uncertain and untrue, before the light of discovery begins to dawn. Yet “the essence of truth is plainness and brightness, the darkness and confusion are all our own.” How often has it happened that some spawn of Typhon has put the workings of ignorance into wild and unintelligible language, undertaking to transform philosophical medicine into a dreaming and ignoble mysticism—*asinus porians mysteria*. The way both of deceivers and deceived, like “the way of the wicked is darkness, and they know not at what they stumble.”

The peculiar position of medical science between the present and past is fruitful of difficulty to the investigator of truth.† We rely upon the past for facts and experience, upon

* The elaboration of this simile was suggested by a passage in the prose works of Milton.

† Subjectum illud medicinæ (corpus nimirum humanum) ex omnibus quæ naturæ procreavit maxime est capax remedii; sed vicissim illud remedium maxime est obnoxium errori. Eadem namque subjecti, subtilitas et varietas, et magnam facultatem præbet, sic maxime etiam aberrandi facultatem.

the present for observation and advance. You can depend upon neither to the exclusion of the other. It is but an idle calumny which asserts that our science is wedded to the dicta or dogmas of historic times. Yet experience, to be valuable, *must* embrace great cycles of time. The apparent fact of a day, or even of a whole life-time, may be proven by a year, or by the centuries to be untenable and false. The phenomena of astronomy are aptly illustrative of this. The "fixed stars" are now known to move, and you must not be surprised to find the "fixed fact" of your own experience, as you may deem it, prove migratory, in obedience to a higher law than your special senses, or even your intellect, can now appreciate. There are some minds which have more respect for the voices coming up from the depths of an obscure antiquity, than for that which descends from the throne of the Omniscient. And so there are others to which, as Ovid says: *Est quoque cunctarum novitas carissima rerum*. The novelty of a thing is all that is needed to commend it to their belief. Practically such minds brand all the accumulated wisdom of the past as folly. But the old and the new are not like the Manichæan principles ever in conflict, but rather as the Castor and Pollux of Roman myth. Castor or the Past is first removed from the earth, but nevertheless still shares the immortality of Pollux or the Present, by the especial direction of Jupiter himself, who we may well recognize as Jupiter Serapis the God of Medicine.

To the seeing eye objects become visible which escape the superficial observer; to the cultivated perception ideas become familiar that the sciolist may never comprehend. To feel the necessity, and subject ourselves to the sway of influences of an appropriate nature, we have but to truly consider what we owe to our race, to ourselves and to our God. Do we need to enlarge upon this point?

To the medical man it is especially requisite that vivid ideas of the objects and responsibilities of his position should con

stantly be presented, that thereby his energies, his perceptions and volitions should be correspondently intensified.

You have passed the years of your pupillage in the offices of your preceptors, and in the halls of the Medical College—you go out hence merely to continue the student life. You are to use what you have thus gained for the double purpose of benefiting your fellow men in the hours of pain and danger, and also for gaining an honorable subsistence for yourselves and those dependent upon you. But it will never do for you to depend upon the interest of this little capital. The years will depreciate it—the world will move past you and your little hoard. You may fancy yourself rich, but the accumulating treasures of the coming time, in the hands of those who will eagerly strive for them, will leave you pauperized in the contrast. There is no standing still in this life of ours—you must move onward or you will steadily float backward. Some of you may have entertained the hallucination that if you have cleverly mastered the details of the text book and of the curriculum of lectures, anything beyond is simply “carrying coals to Newcastle,”—but let me assure you, you might do worse than this, provided you carry better coals than they have in Newcastle. There is no danger. Bostonians tell of one of their wealthy families whose progenitor laid the foundation of an immense fortune by carrying *warming pans* to Cuba. Being at a loss for freight the worthy gentleman asked the advice of a waggish friend, and credulously took him at his word when he jocosely advised him to this strange cargo. But lo, when the vessel reached Cuba, the warming pans were just the article wanted by the planters for syrup and sugar ladles, (the lids for skimmers,) and the happy shipper returned rejoicing with his hold filled with sweetness. The moral is clear as sunlight—it is the idle man that Nature and Fortune despise, but all the gods help those who try to do something themselves.

Many of you will soon commence the duties of practice for the first time. The chances are that it will come to you

slowly and gradually—I could almost desire it to be so for your own sakes. This will give you time to investigate each case as it is presented, with great care and minuteness. Never permit yourself to do otherwise, particularly in the early years of your practice. A conclusion, possibly correct, which you jump at, although it may give you temporary *eclat* with the populace, is, in plain language, a professional injustice to yourself and patient. As a mere matter of policy, you had better take the character of the earnest, pains-taking, careful interrogator in every case. I once heard a gentleman, whose name ranks among the highest for legal fame and success, say that he never undertook a case, however apparently clear or trivial, without devoting to it all the labor and thought of which he was capable, as though the reputation of his life depended upon that single case. The result was a continuous success almost without parallel. Take this course with your first patients, young Gentlemen, and your success is certain. You will become thoroughly grounded, profound, expert and strong, when your well earned reputation shall have widened the circle of your practice to its largest limits.

Another thing—now while you have time carefully record each case, with all its characteristics, not merely its *peculiarities*, as is too often done. You will thus cultivate exactness and definiteness in your ideas, and will presently be the possessor of a medical treasury invaluable to you and the world. Adopt some good system, and religiously set down the facts without concealing your mistakes or blunders. We often profit more from unexpected results and blunders than could have been anticipated. The unexpected result will awaken inquiry, and the recognized blunder will forever prevent its own repetition. It will do you a world of good by and by, and encourage you to continue by the evidences of improvement it will daily and monthly exhibit.

But you must not depend upon your own experience alone, but seek to profit by that of all intelligent members of the profession. This is to be done to a limited extent by ordinary

social conversation with your colleagues, or more rarely in such well ordered medical societies as you may find which may make it their object to develop the science and art of medicine. The trouble with these is that, owing to the ordinary weaknesses of human nature, they are too often prostituted to the purposes of individual notoriety, the advancement of clannish or clique interests, and especially to "operate" as executioners under the "code."

A better method than this is to purchase regularly such volumes as constitute a staunch evidence of advance in medicine. From the large number of medical periodicals select not less than two for permanent subscription. Ten or fifteen dollars a year for medical periodicals and from twenty-five to fifty per year for medical books ought to be set apart as the least possible sum to be devoted to this purpose. It will pay in reputation although you should never read them; and it will prove a perennial fountain of satisfaction within you, provided you "read, mark, learn and inwardly digest" them.

Knowledge to-day is a cosmopolite. Read the books and journals carefully and conscientiously, and you will have no real need of going to New York, Philadelphia, Edinburgh, Paris, or any other place, in order to find what the medical world is doing or whereof it is thinking. A single trip to the seaboard to see a few operations performed or prescriptions made, either better seen at home, will cost far more than the central suns of a library which will dispense with all further necessity for such smoky torches as those. And here, at the risk of being tedious, allow me to recommend that you carefully *index* all subjects treated upon in the journals or monographs you read. Keep an "account current" with the medical, as you would with the financial, world. Literally, keep "posted up." Then, at a moment's glance, you can tell where to refer for inquiry when any subject comes up for investigation, either for immediate practical use, or for writing upon it. Let nothing escape you. Little by little, the results will accumulate until, when a few years have passed

over, you will have a *thesaurus* valuable as a mine of gold. If you propose to do anything in this world of ours, the only way given under heaven among men is to work for it, and the laborer will get his hire. For Heaven's sake do not entertain the sluggard or niggard's view of these ideas—they are immediately and intensely practical.

But if you will not continue studying and reading, be manly about it; don't *sneak* and say you "have no time." The most busily employed men of the profession always find time to read, and, what is more, to write. When I hear a physician say that he has no time to read, I am very apt to set down that man as a billiard or card-player; or, worse than either, a politician. The chances are that he will follow an ill looking dog, and carry a rifle and knapsack, for miles and miles, over logs and through thickets and brush heaps to get a chance to shoot at and miss a chipmunk or a crow. Or you will find him on the street corners, more anxious than the men of Athens "to hear and to tell some new thing" about anything else than medicine. I pray you avoid these things.

You must not expect that there will be a sensation created when you (prepared as well even as you are,) go out into the business world.

"You'll do some excellent things indifferently,
Some bad things excellently. Both be praised,
The latter loudest."

Things will move on pretty much as before. You may have a good hold of the Archimedean lever, but it will be some little time before you will get a place to stand, and alas, infinitely longer still before you will find a fulcrum by means of all which you may reasonably expect to move the world. *Festina lente*—your influence will be felt although you can scarce appreciate the result, for

"It must oft fall out
That one whose labor perfects any work
Shall rise from it with eye so worn, that he
Of all men least can measure the extent
Of what he has accomplished. He alone
Who, nothing tasked, is nothing weary too,
Can clearly scan the little he effects."

You cannot depend upon your genius, your tact, or anything whatever except solid attainment, for real and substantial success. When you happen to succeed, irrespective of these, do not be puffed up, but recollect how the Egyptian magicians, with their adroit enchantments, imitated Moses. The ass in a lion's skin is not a commendable or admirable quadruped. Remember that the only thing which makes the so-called liberal professions differ from mere handicrafts, is the amount of brains worked into them. Rather than be a brainless Doctor you had better be a street or chimney sweeper.

The course of instruction which this evening terminates, it is pleasurable in the highest degree to record, has been unclouded by anything which, so far as we know, could mar our mutual satisfaction. The hours have been filled to overflowing with their recurring duties, and whilst as your temporary instructors we have spared no pains or effort to make your attendance here both pleasant and profitable, we should do injustice to our feelings did we not gratefully acknowledge that upon your part, Gentlemen, there has ever been manifest an appreciative attention, a punctuality and promptness, a studiousness of habit and courtesy of demeanor which, in an unusual degree, elicit our sincerest thanks, and personally link you to our hearts in ties of warmest friendship. We leave the conventionally reserved and almost cold relation of instructor and pupil, and meet you upon the level of individual feeling. I am positive that I do not unwarrantably commit my colleagues when I assure each of you, Gentlemen, that all along the diverging paths of your several lives, the earnest good wishes and fervent God-speed of the Faculty of old Rush Medical College will ever attend you.

It seems trite and common-place to say we shall not meet again, but the heart will throb heavier with this deep emotion—

"Thou shalt hear the "never, never," whispered by the phantom years,
As a song from out the distance ever ringing in thine ears."

We part, but ever shall our memories, our hopes and aspirations commingle—

"Through all the bristling fence of nights and days
Which hedges time in from the eternities."

Pauseless as the pulses of life, we trust your onward and upward progress will keep step to the rhythm of its ever recurring duties.

"A poor man served by thee shall make thee rich;
A sick man helped by thee, shall make thee strong;
Thou shalt be saved thyself by every sense
Of services which thou renderest."

Gentlemen—My Friends, I waste language in the endeavor to avoid the final word which must be spoken. In the coming battle of life—quit you like men. We have this day given you the well earned guerdon of professional study, and now we bid you our heartfelt—FAREWELL.

INVERSION OF THE WOMB.

CASE REPORTED TO THE CHICAGO ACADEMY OF MED. SCIENCES,
FEB. 1ST, 1861.

BY R. C. HAMILL, M. D.

Mrs. C—, an accomplished and intellectual lady, in her 26th year, was taken in labor with her first child, about 12 o'clock at night, Dec. 17th, 1860. She had suffered during her entire term of pregnancy from a highly exalted state of the brain and nervous system, amounting on many occasions to absolute mania. I found her perfectly calm when I was called in at 7 o'clock the following morning—her pulse a little accelerated—80 per minute. The pains were good, occurring once in five or six minutes. The os uteri was dilated to the size of a dime, yielding readily at each pain. Her bowels had been freely evacuated just before my entrance. There was nothing in her situation to mark her case as differing from an ordinary labor under favorable circumstances, except,

that I thought the antero-posterior diameter of the pelvis was slightly below the average dimensions.

There was nothing that required my immediate presence and I left the house until half-past nine. On my return the head was found fairly engaged in the superior strait—the vertex toward the left acetabulum. At 11 o'clock the head began to press upon the perineum, which was remarkably thick and unyielding, and carried the head back promptly as the uterine contraction subsided. This state of the labor continued for more than an hour, when, after a long continued expulsive effort, she complained of pain in the head, and immediately began to talk incoherently, repeating scraps of poetry, sing songs and hymns, which were uninterrupted by the most vigorous pains. She had laid upon her left side, bearing all her pains in that position up to this time, but she was now uncontrollable, throwing herself about, from side to side, straightening herself, generally during the severity of the pain.

As early as 10 o'clock she had desired me to give her chloroform. I declined, assuring her that she could bear her child without it—that there was nothing in her condition *then* calling for its effects, remarking that I always administered it with great anxiety, and only when I was convinced its aid was absolutely required. Under the present aspect of the case, and at the urgent wish of her husband, I concluded to give it, and accordingly ordered five or six drops on a clean handkerchief to be applied to her nose. The effect was speedily apparent, and the second portion, which was given at the next pain, produced quiet, which was kept up till the termination of the labor—from five to ten drops being given at the accession of nearly every pain. The child was born at 1 o'clock P. M.—a boy—weighing about eight pounds. On learning that it was a boy, she clapped her hands in delight and expressed the greatest anxiety to see it.

I waited, contrary to my usual custom, as long as ten minutes for the voluntary expulsion of the placenta. No uterine contraction occurring, I placed my left hand upon the abdomen

and commenced gentle manipulation. In a few moments the womb contracted into a firm globular tumor, when I made traction upon the cord bringing the placenta down, so that my finger could readily reach the point from which the cord took its departure. At this point it was held. Fearing that I would break the cord, which was small and weak, I ceased traction and applied my right hand over the uterine tumor, which was distinctly felt, of a regular globular shape, through the walls of the abdomen. My hand was not laid heavily upon it, neither did I make any pressure more than what was necessary to recognize its situation, when she cried out "Doctor, there is another child coming," and immediately began to strain violently. The uterus glided quickly into the pelvis, and she partially swooned. On carrying my hand to the vagina, which was done immediately, I found the placenta partly expelled and floating in a torrent of blood, about one-half of it still adherent to the inverted uterus. I peeled off the attached portion as quickly as possible, and grasping the inverted part, which was firmly contracted, and consisted of the body and fundus, endeavored its immediate reposition, but without success. I then tried to indent the fundus with my thumb, but could not make the slightest impression on it. Whilst the uterus was in my grasp I discovered that the walls of the left side appeared to be softer and thinner than any other portion of it, which fact suggested the idea of beginning the reposition at that point. Accordingly, with the fundus resting on the hollow of the hand, I made pressure with the ends of my fingers upon the weakest portion of the walls of the body of the womb, indenting it and at the same time pushing the fundus upward, I succeeded, with comparatively little effort, in carrying the inverted portion to its place, the fundus being the last to reach its normal position. My hand was not withdrawn until the contraction was complete. The patient rallied speedily and asked for her child. At this time Dr. Bevan, who had been sent for, arrived, and assisted in applying compress and bandage; for whose assistance then

and subsequently, I bear the most grateful remembrance. I remained with her until three o'clock. She drank a cup of tea and I left her in as comfortable a condition as the nature of the case would justify me to expect.

At half-past four Dr. Bevan met me again at the bed-side. There was more waste of blood than was desirable; her pulse was feeble—116 per minute; the uterus, well contracted, was felt in its proper situation. She had "sunk away two or three times" for a moment, during my absence, and had a similar sinking after I came in. The color did not leave her lips, or the pulse flag during the time, which did not exceed a moment. At the suggestion of Dr. B., powders of the acetate of lead and opium were ordered to be given once in two hours until the hemorrhage ceased. Four powders only were given during the night.

Dec. 19th—We saw her at 8 o'clock. She had a pretty comfortable night; slept some. About three pints of urine was drawn off, presenting nothing unusual in its character. Pulse 100. Effervescing drinks were ordered during the day; a little dry toast and lemonade allowed her. In the evening her pulse was 120, but fell to 100 after drawing off a pint of urine.

Her husband, whose solicitude was extreme, desired me to call in Dr. Byford, who saw her about 9 o'clock P. M., and expressed himself favorably impressed with her symptoms and condition. At 10 o'clock, five grs. Dover powder and the twelfth gr. morphine were given to procure rest, and another powder left to be given in four hours in case she does not sleep.

20th—Both powders given; had some sleep and rested quietly; pulse 125; breasts a little swollen, with increased secretion of milk; lochia natural. When the child is put to the breast, complains of uterine contraction. No coagula. At each visit the fundus was felt over the pubes.

We saw her again at 6 in the evening. There had been some febrile excitement during the day which depended upon

the secretion of milk. Her body and limbs were sponged with tincture of arnica, with evident relief to the muscular soreness and numbness. An emulsion of castor oil and turpentine, with an opiate was ordered at 8 P. M., to be repeated in the morning if her bowels were not moved.

21st—Rested well, part of the night. Her bowels not moved; oil and turpentine mixture repeated, to be followed by an enema at 12 M. 6 P. M.—Bowels had been freely moved after the enema; passed urine without the aid of catheter; complained of burning pain in the urethra, which was considerably swollen; expressed herself as feeling very comfortable otherwise; pulse 100. Dr. Bevan discontinued his attention.

22d—8 o'clock A. M.—Her mother and brother, who had been telegraphed from a distant city, arrived during the evening of yesterday, and her father late in the night. Their presence drew too largely upon her nervous system, and I found her this morning, to use her own words, "quite miserable." Had slept very little, and since three in the morning had suffered with pain in her back. Her tongue was slightly coated, but not dry; some headache; pulse 120; abundant secretion of milk; lochia natural in quality and quantity; free secretion of urine; the abdomen a little swollen, with some tenderness on pressure; a burning pain in the pelvis; no unusual heat of the vagina, except along the course of the urethra, which was swollen and painful. I ordered calomel X grs., Dover's Powder XV grs., to be divided into three powders—one every two hours. A fine cloth moistened with a solution of morphine was laid upon the orifice of the urethra, and effervescing powders were ordered *ad libitum*.

Her husband, again growing alarmed, desired counsel and proposed Dr. Byford, who was sent for and met me at 12 M. Symptoms the same as in the morning; pulse increased to 128 per minute; complained of a burning pain deep in the pelvis. The opinion of Dr. B. was, that inflammation of the womb was to be feared, and that active medication to control

such tendency was clearly indicated, and suggested that she should be put upon the use of *veratrum viride* immediately in full doses; accordingly *verat. virid* 3j, *tinct. hyosciamus* 3ij was ordered—one teaspoonful every six hours; and he further suggested that one grain of sulph. quinine should be given every six hours, alternating the two prescriptions; and ungt. belladonna was applied to the urethra. Turpentine and alcohol had been applied to the abdomen in the morning and were continued.

23d—Had rested better; very little pain any where; pulse 115. 12 M.—Met Dr. Byford at the bedside; pulse 110; general modification of all the symptoms; treatment continued, *veratrum viride* and quinia at increased intervals, once in eight hours each. Citrate of magnesia to move the bowels.

24th, 12 M.—We found her very comfortable, without pain any where; the bowels had been freely moved; pulse 80 and soft. Her case required little farther treatment, and she is at this date, February 1st, 1861, enjoying uninterrupted health.

So much interest has been elicited on the subject of inversion of the uterus since the Fisher-Stone trial, that I have been induced to give a more minute history of this case and its attendant circumstances, than otherwise might have been deemed necessary. I have been practicing medicine for nearly 25 years, and have had a good proportion of obstetric service to perform during the greater portion of that time. This is the first and only case that has occurred in my hands, and it has induced me to modify my opinion in relation to the occurrence of that accident.

In this case the inversion could not have been prevented by any ordinary precaution—the eccentric state of the organ could not be discovered by any of the usual rules that govern the conduct of an accoucheur.

In the first place, we have an adhering placenta, large, filling the relaxed neck of the uterus; second, the walls of the body of the organ, weak and thin at least on one side, with slight contraction; third, the fundus firmly contracted. With

this condition of the parts, an expulsive effort could scarcely fail to carry the fundus through the unresisting body and neck, and eventuate in partial or complete inversion. Nothing but support from within, by the hand of the accoucheur, could have prevented, I am convinced, in this instance, the occurrence of the accident. Many of the cases attributed to unwarrantable traction upon the cord, and resulting to the serious prejudice of the attendant, may have depended upon the same, or a similar cause—the accoucheur as innocent of the result as the infant that has just been ushered into the world. The error consisting, not in the occurrence of the accident, but in the failure to recognize and at the moment report the inverted organ.

PROTECTIVE POWER OF VACCINATION.

BY H. NOBLE, M. D.

HEYWORTH, March 6, 1861.

MR. EDITOR:—I desire to offer to the profession through the *Journal* some observations made several years ago which illustrated the protective power of Vaccina.

The result of the cases treated by me at that time and the effect produced on those exposed to infection, led me to adopt some additions to the theory of protection which I have not seen taught by the standards or in monograph.

I will in the first place state that I believe Vaccina affords perfect protection from Variola; next, that protection once obtained by Vaccina continues undiminished through life. Third—That perfect protection can be obtained by repeated vaccinations, and that the proper time to renew the operation is as soon as the vaccine disease has run its course. No evidence of the efficacy of the vaccine disease is satisfactory until it is ascertained by trial that the vaccine virus has no more effect. Fourth—The protection does not depend on the size,

form or character of pustule, or indeed on the existence of the pustule at all, but on the constitutional disease.

I know that this last position is very different from the opinion of many of my confreres who have often been known to gravely inspect the cicatrix left by the pustule many years before to ascertain if the disease had been '*genuine*.'

But let me give a few of the cases and see if they sustain the positions taken.

In the fall of 1849 a pauper woman and her infant were admitted into a family of thirteen persons. The woman was infected with small pox, and on the fifth day after breaking out I saw her for the first time. It was a case of confluent small pox, the centers were depressed and filling with pus.

The family consisted of the father, mother, a widow lady, and ten children. The father had had vaccine disease twenty-five years before; the mother and widow each thirty years before, and three of the children had been vaccinated one year previously, but one of them did not succeed. This left eight children in the family and the pauper's infant exposed to small pox without protection.

In addition to the family mentioned, there was a family visiting at the sick house consisting of father and mother and six children. Of this last family the father and mother were protected by vaccina, the six children unprotected.

On the morning of the fifth day after I first saw them I procured vaccine virus and vaccinated all that had been exposed.

None of those protected by vaccina had small pox. The father, who had had vaccina twenty-five years previously, had the initiatory fever, which was followed by two or three pox, which aborted, and he had no secondary fever. One of the children that had vaccina one year previously, had varioloid, with secondary fever. None of the other protected members of the family were sick.

The eight unprotected children of the family were well when vaccinated, and the vaccina disease progressed favorably

from five to seven days—that is, the first was attacked with small pox on the fifth, and the last on the seventh day after vaccination.

The vaccina disease progressed during that time favorably, and, as far as I could perceive, without modification from the incubating variola, but from the invasion of the variola fever the vaccina pustules remained stationary until the subsidence of the secondary fever, when the partly formed vaccina pustules proceeded to maturity, each case having a fully developed vaccina pustule.

In one case a small pox pustule impinged on a partly formed vaccina pustule, which vaccina pustule matured apparently as perfectly after the small pox declined as any case of uncomplicated vaccina.

The family of six children mentioned as visitors were vaccinated on the fifth day after exposure, and they all had vaccina and no small pox or varioloid.

In another family a case of small pox occurred, in which was a child unprotected. I vaccinated the child on the third day after the eruption of small pox, and the child stayed in the room with the sick man all the time. The child had vaccina unmodified, the protection being as if it had had vaccina a year before. In this last mentioned family the man had had vaccina thirty years previously, and the woman fifteen, and neither of them were sick.

These cases, I think, show conclusively that the protection of vaccina does not run out every seven, or fourteen, or twenty-one years, or at any septennial period. Three of the cases showing the protection to be complete for thirty years, one complete for fifteen years, one partial for twenty-five years, and one partial for one year. In addition to these, my own protection was vaccina, which was of 32 years standing.

None of these cases of complete or partial protection had been revaccinated, except my own. Now these are not many cases to base an opinion upon, but they correspond with an observation of twelve or fifteen years, during which time I

have seen many cases that were protected by repeated vaccinations exposed to small-pox, not one of which were disturbed by the disease.

For the last ten years, I have been somewhat careful to observe the proportion of cases in which a second vaccination takes effect, and my judgment is that about one-third of the second vaccinations produce pustules more or less perfect, the constitutional disturbance being always less than in the first cases. Not more than one in fifty of my third vaccinations produce any effect.

Suppose that as long as there is any susceptibility to variola in the system, vaccination acts on that susceptibility and destroys it, (which I believe,) it is evident that revaccination should be resorted to until it would have no more effect, which would be the evidence that the susceptibility was destroyed.

This is the point that I wish especially to present to the profession, that full protection can be obtained by vaccina, and when that protection is secured, it can be certainly known by the test of revaccination.

Assuming that the foregoing is true, it follows of course that the physician, when consulted as to the propriety and efficacy of vaccination, should give a more decided opinion in its favor than is commonly done. The certainty of full protection should be represented to be fully equal to having had small-pox itself, and not, as is often the case, represented as a good sort of precaution which will, when put to the test, disappoint you.

It is the duty of the physician to give such an opinion to the public as will establish perfect confidence in the remedy, so that in seeking it they will not have to "hope against reason," as many of them express it, and when that confidence is established in the mind of the public, vaccination will not be neglected as it has been, but will be sought and demanded by the people with the earnestness that its importance justifies.

FOREIGN BODIES ON THE CORNEA.

BY E. L. HOLMES, M. D., of Chicago.

THIS subject has been considered of so much importance, that a chapter of greater or less length is devoted to it in almost every systematic work upon diseases of the eye. Although the works of eminent oculists are open to the profession, and an article upon the subject may perhaps seem to the readers of the *Journal* uncalled for, there are several reasons, why we wish to offer a few remarks for the consideration of those who attempt to remove foreign substances from the cornea.

We have met with several cases in which physicians had failed to detect the presence of minute particles embedded in the cornea, and had treated the eye with irritating collyria as in catarrhal ophthalmia. We have also met with three cases, in which an eye had been ruined by awkward attempts to remove particles of steel from the cornea. Nearly all our standard works on ophthalmology allude to cases of this kind. In every manufacturing community the number of patients who suffer from this little accident, and who apply to physicians for aid, must be quite large. We have reason to believe that the aggregate number of those who have lost an eye from the carelessness or inefficiency of physicians in treating these cases, is larger than many might at first suppose. Moreover there is a common idea among patients and even among physicians, that the surgical treatment of such injuries is too simple to require particular practice, or even a passing notice. While we are far from wishing to claim any undue importance for this subject, we deem the reasons above given sufficient grounds for introducing the subject at the present time.

Particles of almost every variety of hard substance have been found embedded more or less deeply in the cornea. There is probably no more frequent cause of this accident,

however, than the forcible abrasion of steel in cutting stone or metals. Mechanics, stone cutters and masons are especially liable to this injury. Farmers, also, during harvest, suffer occasionally from the pressure of the minute barbs from grain becoming fixed upon the cornea. In fact every one is liable, in an infinite variety of ways, to this accident.

Whenever a foreign substance, however minute, is lodged upon the cornea, the patient usually experiences more or less pain, especially in the act of winking; the conjunctiva becomes congested, its enlarged vessels encroaching upon the cornea, the eye becomes exceedingly sensitive to light; ulceration commences around the foreign body, which is sometimes thus cast off. The pain and congestion are variable in degree in different cases. Difference of symptoms in cases apparently similar is often unaccountable. From the first our patient may suffer from violent pain and inflammation, which, unless the object is removed, may run its course with great rapidity, totally disorganizing one tissue after another; and yet the primary injury would seem less severe than in another case, where a larger particle, more deeply embedded in the cornea, would produce comparatively little irritation, after the lapse of several days, or even weeks.

A careful examination is sometimes necessary to detect particles upon the cornea, especially when they are concealed from view by peculiarity of color or pus and mucous collected around them. They are frequently so minute that practitioners with ordinary powers of vision are unable to discover them. Larger objects even sometimes escape notice. We have seen a patient with quite a large fragment of a common "bird seed" on the cornea, examined by several physicians, who failed to make a correct diagnosis. The concave surface of the fragment had become firmly attached to the tissues at the union of the cornea and sclerotic. It was almost wholly covered with pus and mucous and was surrounded with a circle of enlarged vessels. The eye certainly presented in almost every respect the appearance of phlyctenular ophthalmia

and was so diagnosticated by the physicians present. They were much astonished, however, when the oculist in charge called for an instrument and with it quietly removed the offending body.

A satisfactory examination can usually be best made when the patient sits facing a window—the surgeon being between the patient and light. The light, however, should not be too brilliant. By directing the patient to rotate the eye in different directions the light will finally fall upon the cornea in such a way that a clear view of the object may be obtained. The same care is often requisite in examining certain minute and transparent ulcerations of the cornea. We call particular attention to this point, because physicians are often unable to detect either minute particles on the cornea or ulcerations, simply from failure in placing the patient in a suitable light.

The little operation necessary in these cases, trifling as it may appear, is one which in many instances should not be undertaken by any physician, unless he possesses keen vision and a steady hand. The patient should be placed in a good light, the head resting against a firm support. We often prefer to stand behind the patient seated in a chair facing a window. In this way the head can be securely supported, while the light will fall upon the cornea most favorably for the operation. If the accident is recent and the foreign substance is not too deeply embedded in the cornea, it can be readily removed with the assistance of a bit of stiff paper or cloth folded in a convenient form. We often remove such substances with a slender piece of dry pine, sharply pointed at one end. A cataract needle can be used advantageously for the same purpose. A good magnet will sometimes remove particles of iron and steel.

But very frequently the removal of these particles will be found by no means so easy. They are often held with surprising tenacity deep in the cornea. A sudden "dive" at them with any sharp instrument will not be sufficient. The lids must be kept open and the globe held with the fingers of

one hand, while with the other a cataract needle or some similar instrument is employed to remove the foreign body. It must be deliberately cut from its position. "It is sometimes necessary to pass the point of the instrument under the particle of iron or stone so as to lift it out of the cornea: and so firmly is the foreign body grasped in many instances that even this plan will not succeed, unless the portion of cornea external to the foreign particle is first divided and then pressure applied in the way described." It should be remembered that in some cases it is perhaps impossible to remove particles deeply seated in the cornea without perforating this membrane. We have seen so skilful and delicate an operator on the eye as M. Desmarres, of Paris, perforate the cornea after making several attempts to remove a particle of steel, although the patient sat with wonderful fortitude through the painful operation. Fortunately, the wound healed without injury to the eye.

In all cases where the simple means first described are insufficient to detach foreign bodies from the cornea, we deem it safer to perform the operation while the patient is under the influence of some anæsthetic, since few patients have perfect control over the eye when the cornea is touched, however slightly, with any cutting instrument. Every one must appreciate this difficulty on the part of patients, who has made many attempts to *enucleate*, as it were, foreign bodies from the cornea.

Occasionally fine fragments of metal will be so deeply implanted in the cornea, that great dexterity and care are required to avoid pushing them through into the anterior chamber. In such extreme cases, M. Desmarres recommends the use of a very small lance-shaped knife, the point of which is to be passed obliquely through the cornea and held in such a manner that the flat surface in the anterior chamber shall rest against the concave surface of the cornea behind the object. With this precaution a cataract needle can be used with no fear of the accident just mentioned.

It should be remembered that after the removal of certain metallic particles, an oxide sometimes remains incorporated in the cicatrix. This oxide should always, if possible, be cleared from the wound with the suitable instrument, since otherwise an opacity may render vision more or less obscure.

The subsequent treatment of these cases is almost always quite simple. Usually nothing is required, when there is merely a minute abrasion of the epithelium. In severer cases it is well to keep the eye closed for a short period, and to apply cooling lotions externally. But it should be borne in mind that, even with patients apparently in perfect health, the most minute and superficial abrasions of the cornea will sometimes not heal for weeks or even months. We have seen patients who were obliged to shade an eye from ordinary light for several weeks and yet there was no congestion of the tissues, and few physicians would be able to detect the very minute ulceration produced by the foreign body. We have always found mild, stimulating collyria and rest with closure of the eye to succeed finally in accomplishing a cure. Wherever the injury of the cornea is very deep it may become necessary to treat the case with more care, as in cases of serious ulceration of the same part.

MIASMATIC HÆMATURIA.

BY J. LOW, M. D., McGregor, Iowa.

CASE—March 19, 1860, was called to see Mrs. F., aged 20, (United States); mother of one child, two years old. For a fortnight past has complained of general *malaise*, the most marked symptoms being dizziness and an increasing debility. A little after midnight of night before last she was attacked simultaneously with diarrhœa and frequent and painful micturition. The diarrhœa ceased yesterday; painful

micturition continues still. About noon yesterday the urine began to be bloody and continued so till evening. Through the night there appeared to be no blood, but a copious deposit of the urate of ammonia. Through the day yesterday patient was restless and had a good deal of pain in the lumbar and pubic region, whatever position she assumed. Last night she was pretty comfortable, but could lie only on her back. She informs me that she had repeated attacks of intermittent fever last summer; has never considered herself robust, although now her complexion is clear and she seems well nourished. Present symptoms—Painful and frequent micturition, urine bloody, skin and pulse natural, tongue flabby, coated toward the root.

Thinking the disease to be as above headed, prescribed quinia, three grains every four hours; opium, one grain every alternate four hours; slippery elm water for a drink.

March 20, 10 A. M.—Urine still bloody; calls to void it less frequent; can lie on the side with less discomfort; no perspiration; opium given but twice, quinia instead by mistake; bowels not moved since yesterday morning; give two comp. cath. pills; continue opium and quinia, as directed yesterday. 6 o'clock P. M.—Urine the same. Ordered eight grains Gallic acid every five hours; the opium and quinia, one grain of the former and two grains of the latter, in combination every alternate five hours. Repeat cathartic.

March 21, 9 A. M.—Considerably better; voided urine last evening free from blood; slept from 10 till 4 o'clock this morning; some bloody urine passed this morning, but with less pain; bowels moved twice; pulse natural; appetite fair; suspend Gallic acid unless next urine should be bloody; give quinia and opium, one gr. each, every three hours. 6 P. M.—Passed no bloody urine since morning visit; has slight increase of pain in lumbar region. Cont. rem.

March 22, 9 A. M.—Slept comfortably; passed bloody urine once this morning; pain continues in lumbar region; suspend quinia and opium; give Gallic acid, 4 grs., imme-

diately, to be repeated in five hours; apply sinapism to seat of pain.

March 23, 9 A. M.—No blood; lumbar pain relieved; micturition not very frequent, but painful; urine contains a yellowish sediment. Ordered ten grains bi-carb. soda every three hours.

March 24.—No blood; a very little sediment; a bearing down pain is experienced at the termination of urination. Ordered infusion of buchu.

March 26—Recovered.

The following febrile attacks I have noted as confirmatory of my diagnosis:

April 27—For two or three days Mrs. F. has had the usual precursory symptoms of fever, such as headache, backache, chilliness, loss of appetite, &c. Prescribed quinia and strychnine, and the symptoms vanished.

About the middle of June, similar symptoms appeared and were relieved by similar remedies.

Again, in the latter part of September, decided fever set in and continued without apparent intermission or remission (and this was the more common type of fever in this locality during the autumn) for three or four days, when it gradually subsided, under the use of antiperiodics and tonics.

I may add that on the 6th of November Mrs. F. gave birth to a fine male child, being at the time of the Hæmaturia, as was then supposed, about six weeks advanced in pregnancy.

This is the only case that I have seen of the kind, and I should have been puzzled in making my diagnosis had I not seen mention made of the disease in the *New Orleans Med. News & Surg. Gazette*. In the Sept. number, 1859, of that journal there is a translation of a case reported in the *Havana Med. Journal*. In the Dec. number there is a case reported that occurred in Vicksburg, Miss., and in the January number for 1860 there are two communications from physicians in Louisiana treating of the disease and giving a few cases.

The writer of one of these communications has had expe-

rience with this disease for some three years, recognized it as marked intermittent fever, and always treated it successfully with quinia, astringents and counter irritation.

The author of the other is somewhat skeptical as to the miasmatic origin of the disease; thinks it is a new disease; has noticed it for about three years; has called it yellow fever, and his neighboring physicians have also considered it yellow fever. A large proportion of his cases have proved fatal, and he thinks the ratio of deaths has been about the same as in genuine black vomit.

In the *Oglethorp Med. & Surg. Journal*, for May, 1860, published in Savannah, Ga., there is an article on this subject; the writer thinks it is a new symptom or phase of an old disease; treats it, in the main, as intermittent or congestive intermittent fever; loses a large per centage of his patients; says the "prognosis is always unfavorable."

This is all, so far as I know, of the written history of this disease. If any later cases have been reported in the above mentioned journals, I have not seen them, as I have not had access to the journals.

I have seen nothing on the subject in the *Chicago Medical Journal*, although I doubt not some of your readers have had cases in their practice.

PROCEEDINGS OF THE MEDICAL ASSOCIATION OF HANCOCK CO., ILL., JAN. 16, 1861.

The Association met. The President being absent, on motion Dr. H. Judd was called to the Chair. The proceedings of the last meeting were then read and approved; after which several very interesting cases of Diphtheria and Pneumonia were reported and discussed.

Drs. Pierson, Hall and Spitler were then appointed delegates to the American Medical Association, which will hold its next meeting in Chicago in June next. Drs. Hay, Boude and

Ellis were appointed alternates. Drs. Hollowbush, Hall and Powers were appointed delegates to the State Medical Convention, which meets in Jacksonville in June next. Alternates, Drs. Hoffman, Coolidge and Ferris.

Two members who were appointed on a Committee at the July meeting, to memorialize the Legislature to pass a Registration act, having failed in performing the duties of the Committee, Drs. Judd and Hall were appointed as substitutes, to act in conjunction with the Secretary on said Committee.

The President then appointed the following members to prepare and read essays at the next meeting of this Association, viz: Dr. Coolidge, on Hydrocephalus; Dr. Hall, on Diphtheria; Dr. Hollowbush, on Uterine Diseases; and Dr. Spittler, on Puerperal Convulsions.

On motion, it was ordered that the Secretary forward copies of the proceedings of this meeting to the offices of the *Chicago Medical Journal*, and the Hancock County papers for publication.

On motion, the meeting then adjourned to meet in Carthage on the third Wednesday in April next.

A. SPITLER, Secretary.

ABSTRACT OF THE PROCEEDINGS
OF THE WILL COUNTY MEDICAL SOCIETY,
AT ITS ANNUAL MEETING, FEB. 13, 1861.

The Society met, agreeable to order, at 2 o'clock P. M. of Wednesday, Feb. 13th, 1861, in the office of Dr. F. K. Bailey, Joliet. Dr. Bailey, President, in the Chair.

The following gentlemen were elected as officers for the ensuing year:

President—Dr. A. W. Heise.

Vice President—Dr. E. K. Willard.

Secretary—Dr. G. S. Thomas.

Drs. F. K. Bailey, P. B. McKay and M. J. Johnson were elected Censors.

The following are at present members of the Society :

Drs. W. Danforth, J. R. Casey, F. K. Bailey, A. W. Heise, G. W. Thomas, Joliet ; E. K. Willard, P. B. McKay, S. M. Abbot, A. W. Bowen, Wilmington ; O. Corben, Plainfield ; Prof. A. L. McArthur, (Lind University) Joliet ; Drs. J. F. Dagget, Lockport ; H. Folke, Wilton ; M. J. Johnson, E. H. Strong, Wilmington.

Dr. A. W. Heise read an interesting paper upon Placenta Prævia, which was listened to with much pleasure by all present.

Dr. P. B. McKay was appointed to read an essay before the Society at the next meeting.

On motion, adjourned to meet at 1 o'clock Wednesday P. M., March 13th, at the office of E. K. Willard in Wilmington.

A. W. HEISE, President.

G. S. THOMAS, Secretary.

AMERICAN MEDICAL ASSOCIATION.

The fourteenth annual meeting of the American Medical Association will be held in Metropolitan Hall, city of Chicago ; commencing on the *first* Tuesday in June next.

Each regularly organized Medical Society is entitled to send one delegate for every ten of its members ; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned, as soon after their appointment as practicable.

H. A. JOHNSON, *Assist. Secretary*.

Chicago, Feb. 1st, 1861.

EDITORIAL.

Atropine.—Dr. Max Maresch, Physician to an Insane Asylum in Vienna, reports a number of cases of epilepsy treated by this powerful medicine. He states that the results of observations both by himself and others are such as to render this remedy worthy of serious attention. He recommends five drop doses of a solution containing one grain in a hundred drops of rectified alcohol. Given fasting, and from the subsequent meal coffee, tea and chocolate to be excluded as being incompatible. Treatment from sixty to ninety days; then an interruption of thirty or forty days, then continue as before.

Fluid Extracts.—When properly prepared, this class of remedial preparations prove very convenient and efficacious; but they are so often slovenly and carelessly separated, or entirely substituted, that much caution is requisite in their use. Intelligent druggists have assured us that the published methods of preparation are evidently in many cases, simply subterfuges for the sale of mere empiric mixtures. Dr. Samuel Percy, of New York, reporting to the State Medical Society, observes: "Chemical analysis has proved in the first place, that some of them are almost wanting in medicinal powers; that others vary very much in the amount of active ingredients contained in preparations made by the same manufacturers; that the active ingredients vary in amount in that drawn from the top and that from the bottom of the bottle; that many of them contain the nutritive elements of the plant in large quantities, which must soon cause decomposition; that decomposition has taken place in a great many of them, is proved by the presence of the *conservæ* growing on

them." Similar objections might be urged against all extracts. It is a well known fact that even opium, in years when it is most freely afforded by the plant, has the usual proportionate amount of morphia reduced to the merest trace. This even when it is prepared with the greatest caution. The pure alkaloids should be preferred rather than any, except a *proved* extract.

Poisonous Candy.—Two cases, in one family, have recently come under our observation of quite severe symptoms of irritant metallic poisoning, from eating the richly colored candies offered for sale in the shops. The yellow colored candy (probably from the presence of orpiment) appears to have been the active agent. Cannot measures be taken to prevent this dangerous practice? It is well known that children are liable to similar attacks from sucking off the paint from their colored toys.

Tallman's Adhesive Plaster.—Our subscribers will find this article, (see third page of the cover,) a very convenient one for general use. It possesses evident advantages over the form previously commonly employed.

Books and Pamphlets Received.—DIPHTHERIA—The Fiske Fund Prize Essay; by D. D. Slade, M. D. MIASMATIC FEVER; by C. A. Logan, M. D. CONSUMPTION; by Prof. LAWSON. THE MOVEMENT COURSE; by Chas. F. Taylor, M. D. PAINE'S INSTITUTES OF MEDICINE, REPORT OF LONGVIEW ASYLUM, O'REILLY ON THE PLACENTA, &c.

We shall endeavor to notice these works respectively in the ensuing number.

Confidential.—A long list of arrearages has accumulated upon our books. Indeed so huge that the very idea of transcribing the items, in the shape of individual bills, causes the dexter arm of the Junior Editor, albeit accustomed to constant exercise, to twinge with rheumatic anticipations. Neverthe-

less, the printer's pay-day comes around monthly, certain as an inexorable fate. Will our subscribers aid us by promptly responding to this covert insinuation? Enable us to abbreviate the long list, and spare us large extra expenditure for clerk hire and postage—not to speak of that expense to which our finer sensibilities are always put by either writing or presenting the individual dun. We only breathe the suggestion over the wide field of our subscription list, as the sower scatters gently wheat upon the prairie, trusting it will return in full sheaves after a *few* days.

Diphtheria.—We regret to say that in the mortality report of Chicago, to be found on another page, we are compelled to disbelieve the item with reference to Diphtheria. The regular practitioners of the city are not responsible for even a moiety of the deaths under this head. But the quacks of all shades find this a convenient receptacle in which they can hide their fatal cases of croup, scarlatina, bronchitis, &c., &c. We repeat, Diphtheria is not epidemic, and sporadic cases are sparse and rare.

Time.—Every effort is being used to bring the *Journal* “up to time,” but, practically, this has proved more difficult than supposed, when we somewhat rashly promised a speedy accomplishment of this desirable object. The prospect is now good for the next or ensuing month.

War.—Prof. McDowell, in his Valedictory at St. Louis, a few days since, proposed to go South and join the seceders' army as a surgeon. We trust he will have no occasion for carving his brethren of the *National Med. Association*.

—Through the kindness and liberality of Dr. A. McFarland, Supt. of the State Insane Asylum, we are enabled to mail with the present number a copy of the valuable Annual Report of that Institution. It contains matter of permanent interest.

Popliteal Aneurism.—Our exchanges chronicle quite a number of cases of popliteal and other aneurisms radically cured by compression. Prof. Blackman records a recent case where digital compression proved strikingly efficient. It appears to be unnecessary that pressure should be employed more than a few hours daily. The consolidated tumor left behind gradually shrivels away after the disease is cured. The results are very encouraging.

ILLINOIS STATE MEDICAL SOCIETY.

The subscriber respectfully requests the members of the Society and the profession at large, to assist in accomplishing the object for which the Special Committee on Diseases of the Eye was appointed.

Reports of Ophthalmic cases and papers upon any subject in this department of medical science are solicited.

The Committee particularly requests papers upon the peculiar causes of conjunctival inflammation in different sections of Illinois and the adjoining States; as also the history of cases of sympathetic ophthalmitis in one eye following injuries, and chronic inflammation of the iris and choroid of the other eye.

It is hoped the profession generally will take interest in this important subject and forward all communications to the Committee, before May 1, 1861.

E. L. HOLMES, Chicago.

P. O. Box 2175.

COMMUNICATIONS.—All communications for insertion in the Journal, or on business matters connected therewith, may hereafter be directed to the Junior Editor,

DR. J. ADAMS ALLEN,

Box 4458, Chicago, Illinois.

GRADUATES IN RUSH MEDICAL COLLEGE.

SESSION 1860-61.

STATES.	THESES.
Illinois.....	Chas. Bunce.....Hydrophobia.
Wisconsin...	Allen S. Barndt.....Intermittent Fever.
Wisconsin...	Wm. C. Brown.....Menstruation.
Illinois.....	Sidney S. Buck.....Tubercles.
Illinois.....	Benj. H. Bradshaw.....Typhoid Fever.
Connecticut..	Henry S. Blood..Advancement of Med. Science.
Illinois.....	E. A. Clark.....Inflammation.
Iowa.....	D. M. Cool.....Repair of Fractures.
Nebraska....	Thos. J. Dunn.....Hysteria.
Indiana.....	Edward C. De Forest.....Diphtheria.
Illinois.....	M. M. Eaton.....
Indiana.....	Geo. Egbert.....Dyspepsia.
Indiana.....	Wm. B. Graham.....Scarlatina.
Ohio.....	Henry J. Herrick.....Insanity.
Maine.....	Zenas P. Hanson.....Mental Influence.
Illinois.....	Clinton D. Henton.....Blisters.
Iowa.....	Ezekeil Keith.....Diphtheria.
Michigan....	Jno. T. Keables.....Tuberculosis of Liver.
Indiana.....	Enoch W. Keegan.....Continued Fever.
Indiana.....	Abner D. Kimball.....Hæmoptysis.
Iowa.....	Robert M. Lackey.....Local Hysteria.
Illinois.....	Z. James McMaster.....Water.
Illinois.....	James M. Mayfield.....Science of Medicine.
Iowa.....	Henry H. Maynard.....Pernicious Fever.
Illinois.....	Richard E. McVey.....Circulation of Blood.
Illinois.....	John Murphy.....Natural Labor.
Indiana.....	Samuel C. Owen.....Placenta Prævia.
Illinois.....	Allen M. Pierce.....Opium.
Indiana.....	Henry V. Passage.....Pneumonia.
Illinois.....	Madison Reece.....Strychnia.
Wisconsin...	E. Fred. Russell.....Blood.
Indiana.....	Edward P. Talbott.....Acute Dysentery.
Illinois.....	Chas. B. Tompkins.....Arsenic.
Illinois.....	Theodore W. Stull.....Responsibilities of Medical Students.
Indiana.....	Israel B. Washburn.....Osteology.
Indiana.....	O. G. Walker.....Pneumonia.

HONORARY DEGREES.

Robert C. Hamill, Chicago ;

Theodore Hoffman, Niles.

MORTALITY OF CHICAGO FOR JANUARY, 1861.

DISEASE.	NO.	DISEASE.	NO.
Brain, Inflammation of...	1	Dysentery	1
" Congestion of.....	3	Parturition	1
Convulsions	10	Metritis	1
Hydrocephalus	1	Puerperal Fever.....	1
Delirium Tremens.....	1	Dropsy	7
Teething.....	17	Old Age	3
Mumps	1	Burns.....	3
Diphtheria	27	Intemperance.....	1
Croup	15	Typhoid Fever.....	5
Asthma	1	Scarlatina	2
Pneumonia.....	9	Erysipelas.....	1
Consumption	35	Still Born.....	3
Apoplexy, Pulmonary....	1	Violence	3
Cardiac Disease.....	3	Unknown.....	10
Enteritis	2		
Cholera, Infant.....	5		174

AGES.	NO.	Consumption.	AGES.	NO.
Under 1 year.....	29	Betw. 1 and 5 years....	2	
Between 1 and 5 years..	5	" 5 " 10 "	1	
" 5 " 10 "	12	" 10 " 20 "	2	
" 10 " 20 "	8	" 20 " 30 "	4	
" 20 " 30 "	8	" 30 " 40 "	16	
" 30 " 40 "	25	" 40 " 50 "	10	
" 40 " 50 "	18			35
" 50 " 60 "	6			
" 60 " 70 "	3			
" 70 " 80 "	2			
Unknown	5			
Still Born.....	3			

AGES.	NO.	Diphtheria.	AGES.	NO.
Under 1 year.....	3	Betw. 1 and 5 years....	19	
Between 1 and 5 years...	10	" 5 " 10 "	6	
" 5 " 10 "	2	" 20 " 30 "	1	
	15	Unknown	1	
				27

Deaths in the different Divisions of the City, divided as follows :

North Division.....	54	West Division.....	59
South "	53	Not stated.....	7